

Case Number:	CM15-0098654		
Date Assigned:	06/01/2015	Date of Injury:	11/08/2014
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old, male who sustained a work related injury on 11/8/14. The diagnoses have included cervical neck pain, thoracic pain, lumbar pain and shoulder strain/sprain. Treatments have included H-wave therapy, TENS unit therapy, physical therapy, medications and home exercise. In the PR-2 dated 4/6/15, the injured worker complains of pain. He states a decrease in the need for oral medications due to the use of the H-Wave device. He has been able to increase his activity and general function due to the use of the H-Wave unit. He states the H-Wave is a "great alternative to medication." He states it numbs shoulder, knee and wrist pain. He is utilizing the home H-Wave 3 times a day, 7 days a week for 30-45 minutes per session. The treatment plan includes a request for the purchase of a H-Wave device and system.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home H-Wave device purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2. Chronic pain Medical Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) H-wave stimulation (HWT) Page(s): 116 of 127.

Decision rationale: This claimant was injured last November. H-wave and TENS had both been tried prior. There is reportedly a decreased in the need for oral medicine, and increased activity and medicine. It is not clear its use is part of an evidence-based functional restoration program. The California Medical Treatment Utilization Schedule notes: Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration- only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave trial. The request for purchase is not medically necessary.