

Case Number:	CM15-0099737		
Date Assigned:	06/02/2015	Date of Injury:	05/03/2013
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/25/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on 05/03/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic bursitis of the left hip, enthesopathy of the left hip, and a lumbar diagnosis. Treatment and diagnostic studies to date has included medication regimen, use of H-Wave device, injection with corticosteroids to the left hip, use of a transcutaneous electrical nerve stimulation unit, physical therapy, and chiropractic therapy. In a progress note dated 04/16/2015 the treating physician reports complaints of chronic back pain and left groin pain. H-wave evaluation from 03/26/2015 noted the injured worker's pain level to be a 7 on a scale of 0 to 10 before use of the H-wave unit and noted the pain level to be a 3 to 4 on a scale of 0 to 10 after use of the H-wave unit. The evaluation also noted that the injured worker has pain, limited range of motion, and numbness and tingling prior to use of the H-wave unit and indicates that the injured worker has less muscle tension post use of the H-wave unit. The progress note from 04/27/2015 also noted that the injured worker has a decrease use of his medication regimen secondary to use of the H-wave unit. The treating physician requested purchase of an H-wave unit for reduction and/or elimination of pain, reduction and/or prevention of oral medications, to decrease and/or prevent muscle spasms and muscle atrophy, to improve functional capacity and activities of daily living, to improve circulation and decrease congestion to the injured areas, and to provide self-management to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave 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 Pain Interventions and Guidelines Page(s): 117-118.

Decision rationale: H-wave stimulation (HWT) is 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, 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). There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H- wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. In this case there is no documentation that the patient has had a successful one-month home-based trial or that he will be participating in a functional restoration program. Criteria for H-wave therapy have not been met. The request should not be authorized.