

Case Number:	CM14-0106983		
Date Assigned:	09/15/2014	Date of Injury:	07/29/2010
Decision Date:	11/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a patient with a date of injury of July 29, 2010. A utilization review determination dated June 11, 2014 recommends noncertification of an H-wave device. A patient compliance and outcome report indicates that the patient used the H-wave device for 14 days as of March 24, 2014. The note indicates that the patient decreased medication use as a result of the H-wave device. The note also indicates that the patient had 50% reduction in pain. An H-wave device survey dated July 9, 2014 indicates that the patient has used the device for 121 days with increased activities of daily living, 50% reduction in pain, and elimination of medication use. A progress note dated Feb 25, 2014 is a prewritten template for H-wave requests. The note indicates that the patient has undergone a "clinical or home trial of tens unit" and that "tens is not indicated for the patient's complaints." A letter dated March 19, 2014 indicates that the patient is participating in an exercise program currently. The note also indicates that the patient has tried treatment with a tens device. A progress report dated February 19, 2014 recommends a trial of tens/H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave device purchase/indefinite: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114, 117-118 of 127.

Decision rationale: Regarding the request for H-wave unit, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, it is unclear whether the patient has undergone a tens unit trial. One particular note indicates that the patient has tried a clinical or home trial of a tens unit but then goes on to state that tens is not indicated. Additionally, a progress report dated February 19, 2014 recommends both a tens and H-wave device. There is, therefore, no clear documentation that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H wave device is not medically necessary.