

Case Number:	CM14-0118414		
Date Assigned:	10/07/2014	Date of Injury:	09/29/2011
Decision Date:	11/12/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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:

The injured worker is a 56 year old male who reported an injury on 09/29/2011. The mechanism of injury was psychological stress. He was diagnosed with posttraumatic stress disorder, chronic right shoulder pain, low back pain, bilateral knee pain, insomnia and tinnitus. Previous treatment included use of an H-Wave device. No surgical history was noted within the documentation. The injured worker reported pain and impaired activities of daily living on 02/10/2014. He does exhibit impaired activities of daily living. The previous trial of a TENS unit provided only very short and minimal relief. The treatment plan included continued use or purchase of the H-wave unit, to be used two times per day, 30 minutes per treatment as needed. The physician recommended continued use as the injured worker had decreased pain and increased activity and overall function with the unit. The request for authorization form was submitted on 05/16/04.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation, Page(s): 118..

Decision rationale: The request for the purchase of the H-Wave unit is not medically necessary. The injured worker reported having pain that was improved with use of the H-wave unit. The California MTUS guidelines note H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of HWave 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). 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. Rental would be preferred over purchase during this trial. The documentation did not include quantified evidence of functional improvement after a trial of use and concurrent participation in a program of evidence-based functional restoration. There is no documented evidence to indicate the duration and start date for the trial use of the H-Wave unit. There is a lack of documentation indicate the injured worker was able to decrease medication usage as a result of the H-wave unit. As such, the request is not medically necessary.