

<b>Case Number:</b>	CM13-0005548		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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 patient is a 46-year-old male who reported injury on 01/05/2012. The mechanism of injury was noted to be the patient tripped over a cardboard pipe roll, lost his balance, and fell face down onto his right arm. The documentation submitted for review with the requested service indicated the physician opined the patient should have a purchase of an H-wave unit. The patient's diagnoses were noted to include carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

**Decision rationale:** California MTUS Guidelines indicate that H-wave treatment is not recommended as an isolated intervention, but it is recommended for a 1 month trial for neuropathic pain or chronic soft tissue inflammation is used as an adjunct to a program of evidence-based restoration and following failure of initially recommended care, including physical therapy and medications, plus transcutaneous electrical nerve stimulation. Clinical

documentation submitted for review failed to provide documentation of signs and symptomatology to indicate the patient had either neuropathic pain or chronic soft tissue inflammation. It failed to indicate the patient would be using the unit as an adjunct to a program of evidence-based restoration and that the patient failed initially recommended conservative care, as well as a transcutaneous electrical nerve stimulation unit. Additionally, the request as submitted failed to indicate whether the H-wave device was for purchase or rental. The physician documented indicated it was for purchase. There was a lack of documentation of a trial to support the physician's request. Given the above and the conflicting information, the request for an H-wave device is not medically necessary.