

<b>Case Number:</b>	CM13-0005564		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/23/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	07/18/2013
<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 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 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:

The injured worker is a 65-year-old female who reported an injury on 10/23/2007. The mechanism of injury was a slip and fall. The diagnoses include flexor tendinitis left index and long finger, status post left carpal tunnel release and volar sheath surgery, DJD, PIP joints, index and long finger, mild residual carpal tunnel syndrome, left foot/ankle severe, index and long finger. Previous treatments include home exercise, stretching, medication, surgery, and x-rays. The clinical note dated 07/22/2010 reported the injured worker complained of pain to her wrist and hand, with impaired activities of daily living. Upon physical examination, the provider noted the injured worker reported the ability to perform more activities due to the use of the H-Wave device. The most recent note dated 03/19/2014 reported the injured worker complained of left wrist and hand pain. Upon physical examination, the provider noted extension was at 0 to 60 degrees, and flexion 0 to 70 degrees. The injured worker had a positive Tinel's, negative Phalen's, and negative carpal compression test. The provider requested for a purchase of the H-Wave for functional restoration. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE 1 PURCHASE OF H-WAVE BETWEEN 1/15/2010 AND 8/9/2011:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for retrospective 1 purchase of H-wave between 1/15/2010 AND 8/9/2011 is not medically necessary. The injured worker complained of left wrist and hand pain. The California MTUS Guidelines do not recommend the H-Wave as an isolated intervention. It may be considered as a noninvasive conservative option for diabetic neuropathy or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initial recommended conservative care, including physical therapy, medications, plus transcutaneous electrical nerve stimulation. In recent retrospective studies suggesting effectiveness of an H-Wave, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in the upper or lower extremity of the spine that was unresponsive to conventional therapy, including physical therapy, medication, and TENS. The clinical documentation submitted does not address any signs and symptoms of numbness or muscle weakness to suggest neuropathic pain. The request submitted does not specify a treatment site. There is a lack of documentation indicating the injured worker previously underwent and failed on conservative therapy including physical therapy, medication, and TENS. Therefore, the request for retrospective 1 purchase of H-wave between 1/15/2010 and 8/9/2011 is not medically necessary.