

<b>Case Number:</b>	CM13-0010384		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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 Illinois. 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 62-year-old female who reported an injury from a trip and fall on 02/09/2012. On 06/04/2014, her diagnoses included sprain of the carpal joint, left ulnar infection syndrome, a healed non-displaced fracture of the distal radius, right elbow tendonitis, cervical strain/sprain, myositis, cervical disc degeneration, and diabetes mellitus. On 03/10/2014, her treatment plan included chiropractic adjustments, cold laser therapy, muscle stimulation, therapeutic ultrasound, and therapeutic exercise. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT FOR HAND:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, H-wave stimulation (devices).

**Decision rationale:** The Official Disability Guidelines do not recommend H wave stimulation as an isolated intervention, but a 1 month home based trial of H wave stimulation may be

considered as a noninvasive conservative option for neuropathic pain, if used as an adjunct to a program of evidenced based functional restoration. There was no evidence in the submitted documentation that this injured worker had neuropathic pain of her hand. There was no documentation that this injured worker was participating in an evidence based functional restoration program, physical therapy, or home exercise program. Furthermore, the request did not specify whether this unit was to be purchased or rented. Additionally, there was no specification of which hand this unit was to have been used on. The clinical information submitted failed to meet the evidence based guidelines for H wave stimulation. Therefore, this request for H-wave unit for hand is not medically necessary.