

<b>Case Number:</b>	CM13-0011528		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 and Rehabilitation and is licensed to practice in Oklahoma and 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.

### 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 55-year-old female who reported a work-related injury on 01/21/2010; specific mechanism of injury was not stated. The patient presents for treatment of the following diagnosis, right carpal tunnel syndrome. The Primary Treating Physician's Progress Report Addendum dated 10/16/2013 reports request for the patient to purchase an H-wave system. The provider documents the patient reports the ability to perform more activity and greater overall function due to the use of H-wave device. In addition, the patient reports her hand hurts less and the pain does not wake her up constantly. In addition, the clinical notes documented the patient status post her injury had utilized the following interventions: physical therapy and/or exercise, clinical or home trial of TENS, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Home H-wave device, Three (3) month rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**Decision rationale:** The current request is not supported. The clinical notes evidence the patient presents with continued right wrist pain complaints status post a work-related injury reported in 01/2010. The requesting provider, [REDACTED], documents on clinic note dated 01/06/2013 that

the patient presented with normal range of motion about the thumb, index, middle, ring, and 5th fingers, as well as the wrist. The patient's range of motion was within normal limits. The clinical notes failed to evidence the patient's medication regimen to support objective functional improvements with utilization of the requested durable medical equipment. The provider documents the patient has already utilized a trial of this intervention with subjective reports of decrease in rate of pain and increase in function; however, California MTUS indicates H-wave stimulation is not recommended as an isolated intervention, but a 1 month home-based trial of H-wave stimulation may be considered as a non-invasive 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. The clinical notes reviewed documented the patient's current diagnoses is not indicative of use of a TENS unit. Therefore, it does not appear the patient has failed with utilization of this treatment. In addition, the clinical notes failed to document the patient was utilizing a program of evidence-based functional restoration during the recommended trial. Furthermore, guidelines recommend 1 month; the current request is for 3 months. Given the above, the request for a home H-wave device, three (3) month rental is not medically necessary or appropriate.