

<b>Case Number:</b>	CM13-0016098		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/28/2004
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2013

### 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 Family Practice, 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 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 43-year-old female with a reported date of injury of 09/15/2004. The mechanism of injury is apparently described as a repetitive injury at work. She had been prescribed electrotherapy for her complaints of pain in the form of a TENS unit. It was noted on 07/22/2013 that TENS device trialed by the claimant was found to be ineffective at creating any objective or lasting improvement in the patient's condition. The patient compliance and outcome report dated 08/09/2013 indicated that she had tried and H-wave device for complaints of tendonitis, carpal tunnel, tennis elbow, and pain to both hands and shoulders. It was reported that H-wave helped more than the previous treatment. On 11/20/2013, she was seen back in clinic and reported increase in right shoulder pain and paresthesias times 1 year. She had undergone ulnar nerve transposition which reduced her ulnar hand paresthesias. On exam, she had symmetrical biceps and triceps reflexes, sensation was intact to both hands, and she had mild reduction in cervical range of motion; normal connection in the median, radial, axillary, and ulnar nerves. Diagnoses included left cubital tunnel syndrome, right shoulder tendonitis, right cubital tunnel syndrome, right lateral epicondylitis, right medial epicondylitis, right wrist and forearm myofasciitis, chronic multifactorial pain syndrome, and plan going forward was to recommend home H-wave device, 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Home H-wave device, 30 day trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 117-118.

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

**Decision rationale:** MTUS chronic pain guidelines state H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-wave 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." Furthermore, MTUS chronic pain guidelines state "There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H-wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies." The medical records provided for this review indicate this claimant has multiple complaints of pain. The most recent clinical note is an (EMG) Electromyography dated 11/20/2013 which was considered a normal nerve conduction study for the median, radial, axillary, and ulnar nerves, and there was normal muscle innervation in the neck and arm muscles tested. The records do not indicate any clinical notes after that. The records, therefore, did not indicate this claimant apparently was in pain or is in need of an H-wave device. The records do not indicate that she has at this time, diabetic neuropathic pain, or chronic soft tissue inflammation. The records do not indicate this would be used as an adjunct to a program of evidence based functional restoration. MTUS chronic pain guidelines also indicate that there is no evidence that H-wave is more effective as initial treatment when compared to TENS unit for analgesia effects and she has failed a TENS unit. As such, the request for H-wave device trial times 30 days is not considered medically necessary and is non-certified.