

<b>Case Number:</b>	CM13-0017308		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery, 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.

### 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 35-year-old female who reported a work-related injury on 05/04/2009 due to repetitive use of right hand/wrist/arm/shoulder and neck. The patient has had conservative treatment including physical therapy, TENS unit, acupuncture treatments and medications. Her medications include cyclobenzaprine, ketoprofen, menthol cream and Medipatch. The patient was certified for a 1 month trial of an H-wave unit on 07/24/2013. Her diagnoses include repetitive strain syndrome of right arm, myofascial pain syndrome, cervicalgia, cervical sprain and neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device x 1 month trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Guidelines for Chronic Pain state that H-wave and other similar type devices can be useful for pain management, but are most successfully used as a tool in combination with functional improvement. The patient's last physical therapy sessions were noted to be in 2009. Guidelines state that H-wave stimulation may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based

functional restoration. Per previous utilization review dated 08/15/2013, the patient was certified for a one-month trial of an H-wave device. It is unclear why the requesting doctor ordered the patient another one month trial versus purchasing the equipment. Clinical note dated 10/18/2013 stated that the patient had 6 sessions of physical therapy in 2009 and since then had been receiving acupuncture treatments which she stated helped with her pain along with the H-wave unit. Physical exam of the patient on this date noted decreased right hand and forearm tenderness upon palpation. Range of motion of the right upper extremity was 100% of normal (dorsiflexion). Motor examination was 5-/5 in right hand and wrist and deep tendon reflexes were symmetric in the bilateral upper and lower extremities. Decreased sensation to light touch of right upper extremity digits 1 to 4 was noted. There was no evidence of the patient's recent failure of conservative care in the documentation presented for review. H-wave stimulation is not recommended as an isolated intervention per guideline criteria. The request for H-wave device for one month trial is not medically necessary and appropriate.