

<b>Case Number:</b>	CM13-0018499		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 49 year old male with a date of injury on 4/9/2003. Diagnoses include carpal tunnel syndrome, and left cubital tunnel syndrome. Subjective complaints are of hand numbness and tingling, and that right elbow symptoms have resolved, but there continues to be some discomfort on the left. Physical exam shows left ulnar nerve tenderness, and positive carpal tunnel compression test and Phalen's test, with no atrophy present. Prior treatment includes electromyography (EMG), physical therapy, arthroscopy, MRI, occupational therapy, and H-Wave. Submitted records indicate that the patient had utilized H-Wave previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT:** Upheld

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

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

**Decision rationale:** MTUS states that 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. H-Wave stimulation should be used only following failure of initially recommended conservative care, including physical therapy and medications, plus trans-cutaneous electrical nerve stimulation (TENS). For this patient, there is evidence of prior failure of conservative treatment, but there is no evidence of a TENS trial, or the required one month H-Wave home trial. Therefore, this request is not medically necessary.