

<b>Case Number:</b>	CM13-0019120		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 57-year-old female who reported an injury on 05/31/2012. The injury was noted to have occurred while she was on a ladder on the third rung and was leaning against a bookshelf, the ladder was noted to start to slip, she turned her body away as the bookshelf started to fall, and as she fell, her forearm and wrist impacted the bookshelf. The patient's symptoms include pain of the left wrist and hand. The patient was noted to have had surgery to repair a distal radius fracture. It was noted that a request for an H-Wave unit was made on 05/01/2013 in order to decrease pain, decrease oral medication, decrease muscle spasm, and increase activities of daily living. At her 08/05/2013 office visit, it was noted that the patient reported her pain decreasing from a 6/10 to a 4/10 with use of the H-Wave unit, her functional status was noted to have improved 33%, the patient reported her range of motion and/or function had increased and the request was made for the purchase of an H-Wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a H-Wave unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Chronic Persistent Pain.

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

**Decision rationale:** The California MTUS Guidelines state that H-Wave stimulation is not recommended as an isolated intervention, but may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based functional restoration, and only following the failure of initially recommended conservative care, including recommended physical therapy and medications plus a TENS unit. The clinical information submitted for review indicates that the patient had a previous trial with an H-Wave unit and reported decreased pain and increased function with use of the unit. However, it is not noted as to whether the patient was able to reduce their pain medications with use of the H-Wave unit, which is 1 of the indications for its use. Additionally, it is not documented in detail as to whether the patient failed an adequate course of conservative care including physical therapy, medications, and a TENS unit. Furthermore, the recent documentation does not indicate whether the patient will be currently participating in a program of evidence-based functional restoration, such as a structured home exercise program if they are not involved in physical therapy. With the absence of this documentation required by the Guidelines for use of an H-Wave stimulation unit, the request is not supported. The request for the purchase of a H-Wave unit is not medically necessary and appropriate.