

<b>Case Number:</b>	CM13-0019299		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/14/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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 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:

According to the records made available for review, this is a 34-year-old female with a 1/3/12 date of injury. At the time of the Decision for 30-Day Trial H-Wave Home Device for the right wrist, there is documentation of subjective (pain due to inflammation) and objective (impaired range of motion) findings, current diagnoses (carpal tunnel syndrome), and treatment to date (TENS unit and medications). Discussion states a recommendation for "H-wave to be used at home to consistently reduce inflammation in her forearm". Medical report identifies that the patient states use of H wave is much better as opposed to TENS unit, where her pain has decreased since using the H-wave and has reduced her need for pain medication. There is no (clear) documentation of chronic soft tissue inflammation, that the H-wave will be used as an adjunct to a program of evidence-based functional restoration, and failure of additional conservative care, including physical therapy (exercise).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **30-DAY TRIAL H-WAVE HOME DEVICE FOR THE RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 117-118.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic soft tissue inflammation and that the H-wave will be 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS), as criteria necessary to support the medical necessity of H-wave. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation of failure of initially recommended conservative care, including recommended medications plus transcutaneous electrical nerve stimulation (TENS). However, despite documentation of a rationale that H-wave is being recommended to reduce inflammation in her forearm, there is no (clear) documentation of chronic soft tissue inflammation. In addition, there is no documentation of that the H-wave will be used as an adjunct to a program of evidence-based functional restoration and failure of additional conservative care, including physical therapy (exercise). Therefore, based on guidelines and a review of the evidence, the request for 30-Day Trial H-Wave Home Device for the right wrist is not medically necessary.