

<b>Case Number:</b>	CM13-0021228		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases, 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. 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 28-year-old female who reported an injury on 12/21/2011. The mechanism of injury was noted to be prolonged repetitive activities causing pain in her right forearm and right hand. The patient had surgery on 06/06/2013 noted as a De Quervain's teno-synovectomy, tenolysis, and release. Her diagnoses are noted as right shoulder myofascial strain, right upper extremity overuse, tenosynovitis, De Quervain's, lateral epicondylitis, and cubital/carpal tunnel syndrome. Her objective findings are noted to include slight spasm at the surgical site, negative Tinel's sign, and decreased range of motion with pain. A treatment plan included postoperative physical therapy and use of an EMS unit

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, H-wave stimulation may be considered as an adjunct to a program of evidence based functional restoration after the patient has failed recommended physical therapy and medications, plus a TENS unit. The patient was noted to be participating in postoperative physical therapy; however, there is no documentation of prior failure of a TENS unit used in conjunction with physical therapy. Therefore, the request is not supported by guidelines.