

<b>Case Number:</b>	CM13-0029429		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Osteopathic Family 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:

The patient is a 55 year old female with a date of injury on 6/17/12 at which time she was pushing a cart when her hand was hit against the cart handle. An MRI of right wrist dated 1/18/13 revealed the following impression: (1) intact scapholunate ligament. Intact triangular fibrocartilage, (2) 2.6 mm cyst versus erosion in the tubercle of the scaphoid, (3) increased fluid in the distal radial ulnar joint compartment. She presented on 5/17/13 for pain management consultation with [REDACTED] at which time she was assessed with right wrist pain with possible early CRPS and direct blow injury to the right hand with residual pain that could be due to degenerative change or healing fracture. The patient saw [REDACTED] on 7/21/13 on behalf of [REDACTED] at which time Lyrica was titrated and the patient was diagnosed with (1) right wrist pain, (2) Possible complex regional pain syndrome right upper extremity, and (3) history of right wrist surgery, possible carpal tunnel release or surgery for Guyon's canal. On 8/12/13 [REDACTED] submitted a request for 30 day trial of H-wave unit for diagnosis of RSD of right hand. The request noted that that patient had tried a TENS unit without benefit. The RFA notes that the patient has failed TENS, splinting, medications, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

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

**Decision rationale:** An H-wave unit and supplies is not medically necessary. The CA MTUS guidelines state that H-wave stimulation 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, according to [REDACTED] 8/30/13 letter of reconsideration, per the patient the device has positively helped. However, the medical records do not establish evidence of specific objective functional improvement or decreased need for medication as a result of this unit to justify ongoing use. As such, the request for an H-wave unit and supplies is not medically necessary.