

<b>Case Number:</b>	CM13-0035490		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Orthopedic Surgery 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 claimant is a 62-year-old gentleman who was injured in a work related accident on June 10, 2011. The clinical records revealed current complaints of pain in the hand and joint following a carpal tunnel release procedure which was performed on January 12, 2013. The use of an H-wave device was supported for a three month rental on June 3, 2013. A follow-up report of August 27, 2013, after 116 days of use of the H-wave device, indicated 90 percent improvement. This was followed by an October 9, 2013, evaluation of H-wave device after 159 days of use, citing only 60 percent improvement. Further clinical findings are not noted. At present there is a request for purchase of the above device for chronic use as part of this claimant's course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave device (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the long term use of an H-wave device would not be indicated. While the device can be used as a

non-invasive short-term option for chronic soft tissue inflammation, the medical records do not provide a current working diagnosis or objective findings that would indicate the need for longer term use of the above device. H-wave is specifically not recommended as an isolated intervention. Given the above findings, as well as the claimant's decreasing improvement noted at time of the last H-wave assessment, this specific request is not medically necessary or appropriate at this time.