

<b>Case Number:</b>	CM13-0037140		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 patient is a 33 year old female with industrial injury 6/30/11. Status post 6/4/13 right wrist triangular fibro cartilage complex debridement. The patient reports the use of TENS unit September 2013 without improvement. The request is for H-wave device, 1 month rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month rental of a Home H-wave device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS guidelines state that H wave therapy it is not recommended as an isolate intervention, but a one month home base trail of H wave stimulation may be considered as a noninvasive 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The claimant does not have evidence of diabetic neuropathic pain or chronic soft issue inflammation. Based upon review of the medical records provided, the coverage criteria have not been met.

Therefore, one month rental of a Home H-wave device is not medically necessary and reasonable.