

<b>Case Number:</b>	CM13-0043981		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery and Hand Surgery 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 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 57-year-old female who reported an injury on 12/19/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with sprain and strain of wrist and hand. Physical exam revealed swelling to the distal to mid forearm. The patient's active range of motion of the wrist extension and wrist flexion was noted to be severely limited. The patients radial and ulnar deviation range of motion was noted to be mildly limited, and sensation normal. Physical medicine treatment included physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **H-WAVE HOME THERAPY UNIT FOR THE RIGHT WRIST, STATUS POST SURGERY (6 WEEK RENTAL): 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 Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, a 1 month trial is recommended for neuropathic pain or chiropractic soft tissue inflammation if used as an adjunct to a program of evidence based

restoration and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In addition to that, a 1 month trial period of a TENS unit should be documented with how often the unit was used, as well as outcomes in terms of pain relief and function. The most recent clinical note provided indicated the patient still had a moderate amount of swelling throughout the hand and wrist with limited range of motion and would benefit from additional physical therapy. However, the documentation submitted fails to provide evidence of unsuccessful physical therapy along with the use of 1 month trial period of a TENS unit. Therefore, the requested 6 week rental for H-wave home therapy unit is not medically necessary at this time.