

<b>Case Number:</b>	CM13-0047555		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for bilateral wrist pain, numbness, tingling, paresthesias, carpal tunnel syndrome, and pronator syndrome reportedly associated with an industrial injury of June 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of occupational therapy; work restrictions; electrodiagnostic testing of June 25, 2013, notable for lower cervical ramiopathy of uncertain significance and reportedly negative for any median neuropathy; and unspecified amounts of manipulative therapy. In a Utilization Review Report of October 8, 2013, the claims administrator denied a request for a 30-day trial of an H-Wave home care system. The applicant's attorney subsequently appealed. A September 27, 2013 vendor questionnaire, countersigned by the applicant, states that the applicant tried a TENS unit for 15 minutes in December 2013 and did not benefit from the same. Preprinted checkboxes are used. No narrative commentary is provided. The request for the H-Wave device appears to have been initiated by the device vendor and/or the applicant. A progress note of June 10, 2013, is notable for comments that the applicant has had longstanding symptoms of numbness, tingling, paresthesias. He is on Naprosyn for pain relief. He states that his symptoms have improved since being put on modified duty. MRIs of the wrist were sought on July 29, 2013. There are no attending provider notes on file which clearly state that a TENS unit was tried and/or failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thirty (30) day trial of H-wave system:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

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

**Decision rationale:** As noted on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines, H-Wave home care home systems are tepidly endorsed in the treatment of chronic soft tissue inflammation and/or diabetic neuropathic pain in those applicants who are proven recalcitrant to other appropriate conservative modalities, including time, medications, physical therapy, and a conventional TENS unit. In this case, the applicant's symptoms have seemingly persisted despite usage of medications and physical therapy. However, it does not appear that a conventional TENS unit has been tried and/or failed. Therefore, the request for an H-Wave home care system trial is not certified, on Independent Medical Review.