

<b>Case Number:</b>	CM13-0048646		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 41 year old man with a date of injury of 3/13/13. He has had a negative MRI arthrogram of the wrist and been evaluated by a hand surgeon. He used a brace and had a cortisone injection to his wrist. He also had a series of physical therapy sessions and was progressing as expected. He was seen by his primary treating physician on 10/7/13 for complaints of pain, impaired range of motion and impaired activities of daily living. He had 'failed' a trial of a TENS unit as it did not provide long-term relief. His diagnoses were pain-hand joint, sprain/strain of wrist and mononeuritis of upper limb unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for home H-Wave device rental time 1 month:** 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): 118-119.

**Decision rationale:** H-wave stimulation (HWT) is 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 a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. In this injured worker, the records do not substantiate that he has failed all other conventional therapy other than that the TENS did not provide long-term relief. The physical therapy visits indicate he was progressing as expected. The records do not justify H-wave system use.