

<b>Case Number:</b>	CM13-0048948		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 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 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 claimant is a 60-year-old gentleman injured 8/13/12. Records for review indicate right upper extremity injuries that have resulted in surgical intervention including a right elbow lateral epicondylar release and a right shoulder arthroscopic subacromial decompression. There is a current diagnosis of De Quervain's tenosynovitis and carpal tunnel syndrome. A follow-up report of 10/22/13 revealed continued complaints of pain with examination showing 4/5 strength of the right elbow with healed surgical incision. There was tenderness about the shoulder to palpation as well as weak grip strength of the right compared to the left. Previous treatment has included medication management, activity restrictions, prior surgery and plateaued use of a TENS device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE 30 DAY TRIAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines would not support H-wave stimulation. Records indicate that the use of an H-wave device is not

recommended as an isolated intervention which should be utilized for chronic soft tissue inflammation as an adjunct of a program of evidence based functional restoration. Records in this case fail to demonstrate functional restoration approach to claimant's pain complaints. The isolated use of this agent would not be supported at present. As such, the request is not medically necessary.