

<b>Case Number:</b>	CM13-0049889		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported a work-related injury on 12/21/2011, as a result of cumulative trauma. Subsequently, the patient is status post right de Quervain's tenosynovitis as of 06/06/2013, under the care of [REDACTED]. A clinical note dated 10/17/2013, reports that the patient was seen under the care of [REDACTED]. The provider documents the patient presents for right shoulder myofascial strain, tenosynovitis, de Quervain's, lateral epicondylitis, and cubital/carpal tunnel syndrome about the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ELECTRODES, PER PAIR (DATE OF SERVICE: 08/21/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 118.

**Decision rationale:** The Chronic Pain Guidelines do not recommend H-wave stimulation as an isolated intervention, a trial may be considered; however, only as an adjunct to a program of functional restoration and following a failure to conservative care to include exercise, medication, and a TENS unit. The clinical notes do not evidence the patient has utilized a TENS

unit or postoperative physical therapy interventions subsequent to a right de Quervain's tenosynovectomy tenolysis release as of 06/06/2013. Given all the above, the request for twelve (12) electrodes, per pair (date of service 08/21/2013) is not medically necessary or appropriate.

**ONE (1) CONDUCTIVE GEL OR PASTE (DATE OF SERVICE: 08/21/2013):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT). Page(s): 118.

**Decision rationale:** The Chronic Pain Guidelines do not recommend H-wave stimulation as an isolated intervention, a trial may be considered; however, only as an adjunct to a program of functional restoration and following a failure to conservative care to include exercise, medication, and a TENS unit. The clinical notes do not show evidence that the patient has utilized a TENS unit or postoperative physical therapy interventions subsequent to a right de Quervain's tenosynovectomy tenolysis release as of 06/06/2013. Given all the above, the request for one (1) conductive gel or paste (date of service 08/21/2013) is not medically necessary or appropriate.