

<b>Case Number:</b>	CM13-0054495		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 & Rehabilitation 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:

This is a female patient with a date of injury of July 2, 2012. A patient history form dated July 10, 2013 has boxes checked indicating that the patient underwent a TENS trial in the clinic which did not provide satisfactory relief. The note indicates that the device was tried during the course of physical therapy and was found to be ineffective at creating any objective or lasting improvement in the patient's condition. An H-wave survey completed on September 1, 2013 indicates that the patient underwent an H-wave trial. Boxes are checked indicating that the patient has previously tried TENS, physical therapy, and medication. The note indicates that the patient has been able to decrease the medication with the use of the H-wave device, and that the device has provided functional improvement including improved hand dexterity. The patient reports 50% reduction in pain and it uses the device 2 times per day for 5-7 days per week. The note indicates that the patient used the device for 17 days. A note dated September 30, 2013 request purchase of an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE PURCHASE:** 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 section on TENS and the section on H-wave stimulation pages Page(s): 114, 117-118.

**Decision rationale:** Regarding the request for H-wave unit, the MTUS Chronic Pain Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not 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 and medications plus transcutaneous electrical nerve stimulation. Within the documentation available for review, there are boxes checked indicating that the patient has undergone physical therapy and a clinical tens unit trial. However, there is no indication as to how much physical therapy the patient has undergone, and what the specific response to that therapy might have been. Additionally, it is unclear whether the patient underwent a 30 day tens unit trial as recommended by the MTUS Chronic Pain Guidelines. There is no statement indicating how frequently the TENS unit was used, and what the outcome was for this specific patient. Additionally, there is no documentation that the patient has had a successful H-wave trial for 30 days. In the absence of such documentation, the currently requested H wave device is not medically necessary.