

<b>Case Number:</b>	CM13-0057071		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Family Practice, 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 injured worker is a 41-year-old female who reported an injury on January 30, 2013 after a high-velocity mechanism hit the injured worker's right hand and chest. The injured worker was initially treated with sutures and immobilization. The injured worker ultimately underwent right wrist arthroscopy with debridement and open reduction internal fixation of the scapholunate ligament in June of 2013. The injured worker also underwent excision of 2 deep implants in the right wrist, manipulation under anesthesia and a radial nerve block in September of 2013. The injured worker received postoperative occupational therapy to include the use of an H-wave unit. Final Determination Letter for IMR Case Number CM13-0057071 3 The injured worker's treatment history included physical therapy, medications, and a home trial of a TENS unit. The injured worker was evaluated on October 10, 2013, and it was documented that the injured worker continued to have limited range of motion, pain complaints, and impaired activities of daily living. The injured worker's diagnoses included a fracture of the metacarpal digit and edema. The home use of an H-wave unit was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested home H-wave device is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommended the use of a home H-wave device as an adjunct to treatment when patients have failed lesser conservative treatments to include physical therapy, medications, and a TENS (transcutaneous electrical nerve stimulation) unit. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to lesser forms of conservative therapy. It is also documented that the injured worker has received treatment during occupational therapy with an H-wave device. However, objective functional improvement resulting from the previous H-wave therapy usage was not provided. The California Medical Treatment Utilization Schedule also recommends a thirty day clinical trial to establish efficacy of this treatment modality. The request as it is submitted does not specifically identify a duration of treatment. Therefore, the appropriateness of the request cannot be determined. The request for a home H-Wave device is not medically necessary or appropriate.