

<b>Case Number:</b>	CM13-0058226		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim chronic hand and wrist pain reportedly associated with an industrial injury of May 16, 2013. The applicant was diagnosed with displaced fracture of the left radial styloid; and had ulnar nerve repair surgery and open reduction and internal fixation (ORIF) surgery on May 21, 2013; and physical therapy over the life of the claim. On October 24, 2013, the attending provider returned the applicant to regular duty work. It is stated that the applicant is awaiting a TENS unit. A September 26, 2013 note is notable for comments that the applicant was returned to modified work as of that point in time. The applicant was still having symptoms of pain and dysesthesia following the surgical repair. On August 15, 2013, the applicant was described as having marked weakness about the injured hand. There was no mention of a TENS unit on this visit. On May 24, 2013, the applicant was described as three days removed from the date of surgery. In a Utilization Review Report of November 15, 2013, the claims administrator denied a request for an H-Wave device, despite noting that the applicant had not responded favorably to 16 sessions of physical therapy and a home transcutaneous electric therapy device employed between July 2013 and the date of the Utilization Review Report. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A ONE-MONTH TRIAL OF AN H-WAVE UNIT:** 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): 117.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for pursuit of a one-month trial of an H-Wave home care system include evidence of diabetic neuropathy pain and/or chronic soft tissue inflammation in those applicants who have failed to respond favorably to conventional analgesic medications, physical therapy, AND a conventional TENS unit. In this case, however, there is no indication that the applicant has in fact tried and/or failed conventional physical therapy, medications, and/or a TENS unit, contrary to what was suggested by the claims administrator. There is no evidence that the applicant in fact received a TENS unit. Several attending provider progress notes were reviewed. There was no mention of the applicant using a TENS unit until it was noted in October 2013 that a TENS unit had been ordered. It is further noted that the applicant was ultimately returned to regular work. Thus, it appears that the applicant has responded favorably to the surgical procedure, analgesic medications, and physical therapy, contrary to what was previously suggested by the utilization reviewer. Therefore, the request for an H-Wave unit is not certified, on Independent Medical Review.