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| <b>Case Number:</b>   | CM13-0065425 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 11/08/2010 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 12/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/13/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for right carpal tunnel syndrome associated with an industrial injury on November 8, 2010. The treatment to date has included oral and topical analgesics, physical therapy, home exercise program, TENS and H-wave device. Utilization review dated December 6, 2013 denied request for H-wave device (purchase) due to absence of an adjunct functional restoration program. Medical records from 2013 were reviewed and showed persistent right wrist pain. Nerve conduction test was done and revealed bilateral carpal tunnel syndrome. There is positive Tinel's over the median nerve of the right wrist reproducing numbness from the forearm to the thumb, index and long fingers of the right hand. No thenar atrophy was noted. August 13, 2013 progress report states that the patient is deriving good relief from of spasm and tightness as well as relief of pain with the use of home H-wave device. Pain level ranges from 8-9/10 without medications to 5/10 with the use of TENS unit, heating pad, ice pack, and oral and topical analgesics. H-wave Patient Compliance and Outcome Report was done on December 12, 2013 and showed that the patient has already used H-wave unit for the hand for 139 days. This resulted to decreased medication intake and pain by 30%; improved functioning and increased daily activities (walk farther, sit longer, sleep better, stand longer and more family interaction).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE DEVICE (PURCHASE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-118.

**Decision rationale:** According to pages 117-118 of the Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medication, plus TENS. In this case, the patient's signs and symptoms were noted to be improving with initial conservative management. Pain level has decreased from 8-9/10 to 5/10 with the use of TENS unit based on a progress report on August 2013. Patient already used H-wave unit for 139 days and reported to have 30% decrease in pain and was able to walk farther, sit longer, sleep better, stand longer and participate more in family interaction as cited in H-wave Patient Compliance and Outcome Report. However, there was no recent progress report available that will document objective findings that can manifest this improvement. Patient also attended physical therapy, however, it is unclear due to lack of documentation whether the patient completed the therapy sessions or if she failed a trial of physical therapy. Furthermore, there was no evidence that the patient was still continuing self-exercises at home which is the recommendation as an adjunct to H-wave treatment. There is no documentation of a short-term and long-term treatment plan from the physician. The indications were not met, therefore, the request for H-Wave Device (purchase) is not medically necessary.