

<b>Case Number:</b>	CM13-0066307		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 and Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported injury on 12/18/2012. The mechanism of injury was repetitive work. The claimant underwent 24 sessions of physical therapy for her neck and had a left carpal tunnel release on 03/26/2013. The PR2 of 11/19/2013 revealed the patient was taking Lyrica and Norco for pain. It was indicated the injured worker would be undergoing right thumb surgery on 02/05/2014. The treatment plan included to continue the H-wave as it decreased the pain level from 5/10 to 3/10. The subsequent documentation of 12/17/2013 revealed the patient was to continue with an H-wave twice a day for 45 minutes as it had decreased the need for pain medications. The diagnoses included left thumb locking, clicking where the injured worker had received steroid injections, cervical radiculopathy, disc herniation, and cervical disc herniation and cervical disc osteophyte complex along with moderate to severe narrowing of the central and foraminal canals with desiccated discs at the level of C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL- H-WAVE UNIT (IN MONTHS) QTY 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 171-172.

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

**Decision rationale:** The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention; however, it is recommended for a 1 month trial for the diagnosis of neuropathic pain or chronic soft tissue inflammation if it is used as an adjunct to a program of evidence-based restoration and only following the failure of initially recommended conservative care including recommended physical therapy and medications plus a transcutaneous electrical nerve stimulation. The clinical documentation submitted for a review indicated the injured worker had been utilizing the H-wave . There was a lack of documentation indicating objective functional benefit that was received from the treatments. It was indicated the patient's pain decreased and the necessity for pain medication decreased. There was a lack of documentation indicating the duration of usage and there was a lack of documentation indicating the injured worker would be utilizing the H-wave as an adjunct to a program of evidence-based restoration. Furthermore, there was a lack of documentation indicating a necessity for 6 months usage. Given the above, the request for rental H-wave unit, in month's quantity 6 is not medically necessary and appropriate.