

<b>Case Number:</b>	CM14-0003478		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 38 year old male who reported an injury on 03/19/2008. The mechanism of injury was not provided. The clinical note dated 11/12/2013 reported the injured worker complained of right upper extremity pain and his medications were working well. The physical examination reported the injured worker to have tenderness to palpation over the medial epicondyle and a negative Tinel's. The treatment included the purchase of an H-Wave unit and continuation of a home exercise program that he learned in physical therapy. The injured worker has had prior treatment to include the trial use of a TENS unit unsuccessfully, an unknown amount of physical therapy and a right ulnar nerve transposition surgery in 2010. The H-Wave compliance and outcome report dated 09/19/2013 reported the injured worker had a 65% overall improvement allowing the injured worker to lift more, do more housework and sleep better. The request for authorization was submitted on 11/22/2013. The reason for request was to reduce/eliminate pain, improve functional capacity and activities of daily living and reduce or prevent the need for oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF H WAVE DEVICE FOR RIGHT HAND:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** The injured worker has a history of right hand pain treated with surgery, and unclear amount of physical therapy, medications, and use of a TENS unit. The CA MTUS Guidelines state the H-wave 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 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 (i.e., exercise) and medications, plus TENS. In addition, the guidelines state that while H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. The clinical documentation, provided for review, stated the injured worker has gained function, increased range of motion and decreased pain with the use of an H-Wave unit in addition to his home exercise program and medication regimen. The H-Wave compliance and outcome report dated 09/19/2013 reported the injured worker had a 65% overall improvement allowing the injured worker to lift more, do more housework and sleep better. As such, the request for the purchase of the H-Wave device for right hand is medically necessary.