

<b>Case Number:</b>	CM14-0008094		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	02/15/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine & Rehabilitation 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:

Patient is a 44-year-old male who has submitted a claim for radial nerve neuritis, left lateral epicondylitis, right De Quervain's syndrome associated with an industrial injury date of 02/15/2009. Medical records from 2012 to 2013 were reviewed. Patient complained of localized pain at lateral biceps groove with soreness. Alleviating factors included rest and NSAIDs. Physical examination showed tenderness at right arm lateral bicipital groove with positive Tinel sign. A report from 01/06/2014 cited that there was a decrease in oral medication intake upon H-wave use. There was also decreased pain resulting to greater overall function. Treatment to date has included bilateral carpal tunnel release, bilateral radial tunnel release, physical therapy, use of a splint, steroid injections, and medications. Utilization review from 01/16/2014 denied the request for H-wave unit and supplies (rental or purchase) because there was no documentation of how often the modality was used and whether it resulted in sustained symptom relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **H-WAVE UNIT AND SUPPLIES (RENTAL OR PURCHASE): 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 Page(s): 117-118.

**Decision rationale:** As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, patient has been using H-wave device since 2012. A report from 01/06/2014 cited that there was a decrease in oral medication intake upon H-wave use. There was also decreased pain resulting to greater overall function. However, medical records submitted and reviewed failed to provide evidence that patient was still continuing self-exercises, a necessary adjunct to H-wave treatment. Moreover, there is no documentation of a short-term and long-term treatment plan from the physician. It is likewise unclear if patient had initially tried use of a TENS unit. Guideline criteria were not met. Therefore, the request for H-Wave Unit And Supplies (Rental Or Purchase) is not medically necessary.