

<b>Case Number:</b>	CM14-0010705		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 and 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:

This patient sustained an injury on 9/16/08 while employed by [REDACTED]. The diagnoses include chronic pain and pain in hand joint. A report from 12/17/13 from the provider noted that the patient had chronic left upper extremity pain from osteoarthritis of the first MCP joint. She is status post two surgeries with compensatory muscular pain in the left upper extremity. She has completed the [REDACTED] and continued with a home exercise program. Pain is reported at 5-7/10 in the left thumb with associated numbness in the 2nd digit and tingling on the dorsal left forearm. It was reported that the patient could not return her H-wave machine and has tried calling the facility multiple times. She would like a trial and needs instruction. Her medications list includes Nabumetone-relafen, Amlodipine-benazepril, Lisinopril, Simvastatin, Tylenol, and Aspirin. The treatment plan included topical cream and a trial of H-wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME TRIAL H WAVE MACHINE:** Upheld

**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, CHAPTER 11 ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY, H-WAVE STIMULATION, 115-118

**Decision rationale:** Per guidelines, 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 for diabetic neuropathic pain or chronic soft tissue inflammation 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 transcutaneous electrical nerve stimulation (TENS), which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in activities of daily living, or failed attempts with previous conservative treatments to support for the H-wave unit, as it is not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria and report documented completion of a functional restoration program with benefit. The duration of rental unit is also not specified. As such, the request is not medically necessary.