

<b>Case Number:</b>	CM14-0013523		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine, 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 a 52-year-old female who has submitted a claim for bilateral carpal tunnel syndrome associated with an industrial injury date of February 20, 2013. Medical records from February 25, 2013 to January 28, 2014 were reviewed and showed that patient complained of bilateral wrist pain graded 5-7/10 with radiation down the hands and fingers. Physical examination revealed no tenderness upon palpation. Full active and passive ROM (range of motion) without pain was noted. Good grip strength and absence of intrinsic or thenar atrophy were noted. Two-point discrimination was normal for all digits. Carpal compression test, Phalen's, and Tinel's tests were positive bilaterally. Finkelstein's test was negative. EMG (electromyography)/NCV (nerve conduction velocity) of bilateral upper extremities dated October 16, 2013 revealed peripheral neuropathies of bilateral upper extremities. Treatment to date has included physical and occupational therapy, home exercise program, bilateral brace, pain medications, and TENS (transcutaneous electrical nerve stimulation). Utilization review, dated January 9, 2014, denied the request for Home H-Wave Rental for 30 days because there was insufficient documentation of the TENS results to warrant the authorization of this treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave rental for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home H-wave Page(s): 117-120.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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). A one-month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was no documentation of recent H-wave or TENS trial outcome or active participation of the patient in a functional restoration program. Moreover, the specific body part to be treated was not indicated. Therefore, the request for Home H-Wave rental for 30 days is not medically necessary or appropriate.