

<b>Case Number:</b>	CM14-0019593		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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, Pain Medicine and is licensed to practice in New York and Texas. 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 57 year old female whose date of injury is 07/18/2011. The injured worker is status post trigger thumb release of the right hand. The injured worker underwent repeat right cubital tunnel release on 05/14/13. Note dated 10/09/13 indicates that a Transcutaneous Electrical Nerve Stimulation (TENS) unit failed. The injured worker is noted to be approximately 7 months postop from her left ulnar nerve release for her left elbow. She is doing very well with this. There is not much numbness and tingling. The injured worker is about five months postop from her revision ulnar nerve transposition and neurolysis of her right elbow and is making slow steady progress. On physical examination there is full range of motion of the elbows. There is definite soft tissue swelling over the medial elbow. Finkelstein's test is uncomfortable on the right. This note states that an H-wave unit was very effective. Diagnoses are listed as left cubital tunnel syndrome; recurrent right cubital tunnel syndrome; worsening stenosing flexor tenosynovitis (trigger thumb), right thumb; and recurrent de Quervain's tenosynovitis right wrist. The patient outcome and compliance report dated 01/29/14 indicates that the injured worker has utilized the H-wave unit for 84 days. The patient reports 50% pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME H-WAVE DEVICE (ADDITIONAL 3 MONTHS USE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117-118.

**Decision rationale:** Based on the clinical information provided, the request for home H-wave device (additional three months use) is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. The injured worker's current medication regimen is not documented. Although the patient reports subjective pain relief with the unit, there are no objective measures of improvement provided to establish efficacy of treatment. The request is not medically necessary and appropriate.