

<b>Case Number:</b>	CM14-0129162		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Nevada. 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 records, presented for review, indicate that this 64 year old male was reportedly injured on February 12, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated April 29, 2014 indicated that there were ongoing complaints of upper extremity weakness. A left ulnar nerve graft repair was completed. The physical examination demonstrated a positive Froment's sign, with intrinsic weakness, and full range of motion of the elbow was noted. The June 3, 2014 progress note indicated changes consistent with reflex sympathetic dystrophy. Thenar wasting was reported. Excellent progress of physical therapy was reported. Diagnostic imaging studies were not reported. Previous treatment included surgical intervention, postoperative physical therapy, and multiple medications. A request was made for an H wave device and was not certified in the preauthorization process on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device purchase/indifinte:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118 of 127.

**Decision rationale:** The one month H wave trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. 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. Therefore, based on the request and by the clinical indications in the progress notes and the parameters outlined in the MTUS, the purchase of this device is not medically necessary.