

<b>Case Number:</b>	CM14-0137425		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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, has a subspecialty in Interventional Spine 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 53 year old female with an injury date on 12/21/2010. Based on the 06/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Bilateral carpal tunnel s/p rel 2. Bilateral cubital tunnel s/p rel According to this report, the patient complains of bilateral hand pain and wrist pain that radiates to the bilateral elbow. Swelling is noted at the bilateral wrist and hands. The patient fell and hit her right elbow, head and leg, approx. 2 weeks ago. Jamar of the right hand are 18, 12, and 10; left hand 10, 8, and 8. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/15/2014 to 06/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117-118.

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

**Decision rationale:** According to the 06/11/2014 report by [REDACTED] this patient presents with bilateral hand pain and wrist pain that radiates to the bilateral elbow. The treating physician is requesting a "purchase" of home H-wave device for pain relief. There is indication that the patient has tried non-invasive conservative care of physical therapy, medications, and TENS unit in the past. The "patient compliance and outcome report" in 04/29/2014 (14 days of use) stating that the H-wave has helped the patient, decreased the amount of medications with the patient able to do more housework, more family interaction, improve self-hygiene and dress with less pain. The patient apparently reported 30% improvement with pain level at a 9/10 with the H-wave unit. The 05/20/2014 report indicates the patient able to walk further, do more house work, sit longer, sleep better, stand better, and have more family interaction. The patient reported 50% improvement with pain level at 8/10 with the H-wave unit. This information is not verified by the treating physician's reports. Regarding H-wave units, MTUS guideline pages 117 and 118 support a one-month home-based trial of H-wave treatment as a non-invasive conservative option for 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 (TENS). Given that this patient has tried non-invasive conservative care in the past including TENS unit without success, MTUS supports an H-wave unit trial. However, in this case, the patient has filled out a form but the treater does not provide documentation confirming what the patient H-wave representative filled out. MTUS page 8 requires that the treating physician provide monitoring and make appropriate recommendations. The treating physician must keep track of what is going on and provide proper documentation for treatments. An H-wave unit usage report can be helpful but this report needs to be incorporated by the treating physician and information verified. The request is not medically necessary.