

<b>Case Number:</b>	CM14-0169659		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 & 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 54 years old female with an injury date of 10/13/10. Based on the 08/20/14 progress report provided by [REDACTED], the patient complains of right shoulder, upper arm and bilateral hand pain. Pain is rated 6/10 on the right and 2/10 on the left. She is status post right carpal tunnel release and right trigger thumb release 12/20/13. On 07/16/14, she was diagnosed with bursitis and possible rotator cuff tear to the right shoulder. Physical examination revealed surgical scar on her radial wrists and healed surgical scar on her left elbow. The bilateral lateral epicondyles and the right common extensor tendons were tender. Right shoulder range of motion Flexion 0-90 degrees and abduction 0-80 degrees. Patient has been using H-wave unit 2-3 times a day and it has been helpful. Per treater report dated 09/16/14, patient had not sufficiently improved with conservative care. Patient has reported the ability to perform more activity and have greater overall function due to the use of the H-wave device. She can "do more housework, sleep better, more family interaction and comb her hair without pain." Patient is using H-wave 2 times a day, 7 days a week, less than 30 minutes per session. Treatment goals include reduction/elimination of pain, prevention of need for oral medications, decrease or prevention of muscle spasm or atrophy, improvement of functional capacity and activities of daily living, improvement of circulation and decrease of congestion in the injured region and provision of self-management tool for patient. Review of submitted medical records documented at least 15 post-op occupational therapy and 6 acupuncture sessions for the shoulder. Diagnosis 08/20/14- Cubital tunnel syndrome- De Quervain's tenosynovitis- Right trigger thumb. Dr. [REDACTED] is requesting Home H-wave device purchase. The utilization review determination being challenged is dated 10/10/14. The rationale is "H-wave is not recommended

as an isolated intervention outside of a evidence-based functional restoration program." ■■■■■  
■■■■■ is the requesting is provided the reports from ■■■■■ 03/07/13 - 09/16/14.

### **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 116.

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

**Decision rationale:** The patient presents with right shoulder, upper arm and bilateral hand pain. The request is for Home H-wave device purchase. She is status post right carpal tunnel release and right trigger thumb release 12/20/13. On 07/16/14, she was diagnosed with bursitis and possible rotator cuff tear to the right shoulder. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Progress report dated 08/20/14 states that patient has been using H-wave unit 2-3 times a day and it has been helpful. Her pain was rated 6/10 on the right and 2/10 on the left. Per treater report dated 09/16/14, patient had not sufficiently improved with conservative care. Patient has reported the ability to perform more activity and have greater overall function due to the use of the H-wave device. Patient reported that "she can do more housework, sleep better, have more family interaction and comb her hair without pain." Patient is using H-wave 2 times a day, 7 days a week, less than 30 minutes per session. Though treater mentioned some ADL improvements reported by patient, there are no pain scales provided in progress report 09/16/14 for comparison with progress report 08/20/20. An H-wave compliance report has been submitted. However there is lack of documentation in treatment reports by provider, such as any pain scales, reduction in medication use, and previously failed TENs trial. The request is not medically necessary.