

<b>Case Number:</b>	CM14-0169943		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 38 year old female with a date of injury on 2/25/14. Diagnosis is of De Quervain's Tenosynovitis. Subjective complaints show a patient who is status post an H-wave trial and reports more activity and overall function, and 80% reduction of pain. Patient has also had 5 acupuncture visits, which provided improvement. Physical exam shows no wrist tenderness, no crepitus, and full range of motion. There was a positive Finkelstein's test. Medications have included Ibuprofen and Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave unit with supplies (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** CA MTUS states that H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue

inflammation if used as an adjunct to a program of evidence-based functional restoration. H-wave should be used only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus trans-cutaneous electrical nerve stimulation (TENS). For this patient, there is no evidence of prior failure of TENS, and the patient appears to be helped by acupuncture. Therefore, the use of H-wave therapy is not consistent with guideline recommendations, and is not medically necessary at this time.