

<b>Case Number:</b>	CM14-0020138		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 50-year-old female with a 3/15/12 date of injury. At the time (1/14/14) of request for authorization for H-wave rental for 3 months, there is documentation of subjective (pain with impaired activities of daily living) and objective (not specified) findings, current diagnoses (lateral epicondylitis and carpal tunnel syndrome), and treatment to date (trial of H-wave plus an additional 109 days of use for 7 days/week, 2 times/day and 30-45 minutes per session with an increase in activities of daily living, decrease in pain levels, and decrease in use of medications; (Transcutaneous Electrical Nerve Stimulation) (TENS) unit; medications; and physical therapy). There is no documentation chronic soft tissue inflammation and that the H-wave will be used as an adjunct to a program of evidence-based functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE RENTAL FOR 3 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 transcutaneous electrical nerve stimulation (TENS). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial 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. Within the medical information available for review, there is documentation of diagnoses of lateral epicondylitis and carpal tunnel syndrome. In addition, there is documentation of completion of a trial of H-wave plus an additional 109 days of use; and failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). Furthermore, given documentation of use of the H-wave for 7 days/week, 2 times/day and 30-45 minutes per session with an increase in activities of daily living, decrease in pain levels, and decrease in use of medications; there is documentation of the effects and benefits of the one month trial as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, despite documentation of pain, there is no documentation of chronic soft tissue inflammation and that the H-wave will be used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for H-wave rental for 3 months is not medically necessary.