

<b>Case Number:</b>	CM14-0042860		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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:

The patient is a 57-year-old female who has submitted a claim for associated cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder impingement, bilateral elbow cubital tunnel syndrome, and right wrist tenosynovitis/de Quervain's/carpal tunnel syndrome with an industrial injury date of 06/10/2013. Medical records from 01/10/2014 to 06/30/2014 were reviewed and showed that patient complained of bilateral shoulder and elbow pain (grade not specified) . Physical examination revealed tenderness over bilateral shoulders and elbows. Crepitus and impingement sign were positive over bilateral shoulders. Tinel's and Phalen's signs were positive over bilateral wrists. Treatment to date has included physical therapy, Polar frost, acupuncture, and pain medications. Utilization review dated 04/03/2014 denied the request for H-wave unit because there was no evidence of a failed TENS unit trial to support H-wave use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Integrated Treatment/Disability Duration Guidelines, Pain (Chronic)- H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation, pages 117-120 Page(s): 117-120.

**Decision rationale:** According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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). A one month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has already completed unspecified visits of physical therapy. There was no documentation of functional outcome from these visits. There was no evidence of a failed TENS unit trial or active participation in a functional restoration program, which are both prerequisites for approval of H-wave unit trial. The request likewise failed to specify the body part to be treated and if the device is for rental or purchase. Therefore, the request for H-Wave Unit is not medically necessary.