

<b>Case Number:</b>	CM14-0050696		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old woman who sustained a work-related injury on December 20, 2012. Sequentially she developed with the chronic hand pain. The according to a note dated on February 21, 2014, the patient reported that her hand pain worsen. She also reported burning sensation in the affected hand. The patient also reported shoulder and back pains. The record indicated that the patient reported stress and she underwent psychiatric evaluation. The patient was diagnosed with the right hand crush injury. No details are provided regarding the therapies used to treat the patient. The provider requested authorization to use H wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a H-Wave Stimulation Unit for the Management of symptoms related to the right hand/finger injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 117.

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

**Decision rationale:** According to the MTUS guidelines, H-wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft

tissue pain after failure of conservative therapies. There is no controlled supporting its use in radicular pain and focal limb pain. There is no documentation for the request of an H-wave device is prescribed with other pain management strategies in this case. Furthermore, there is no clear evidence for the need of H-wave therapy. There is no documentation of patient tried and failed conservative therapies. There is no documentation of failure of first line therapy and conservative therapies including pain medications and physical therapy. The patient did not try 1-month H-wave treatment. Therefore, a home H-wave device is not medically necessary.