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| <b>Case Number:</b>   | CM14-0064406 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 06/06/2009 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 04/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2014 |

### 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 and is licensed to practice in Illinois. 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 injured worker is a 32-year-old female with a reported date of injury on 06/06/2009. The mechanism of injury was noted to be due to repetitive movement and lifting. Her diagnoses were noted to include wrist joint pain and a history of arthroscopy as well as Kienbock's. Her treatments were noted to include surgery, a TENS unit, physical therapy, electrical stimulation and medications. The H-wave compliance and outcome report dated 06/25/2013, revealed that the injured worker stated that the H-wave did not allow her to decrease or eliminate the amount of medications taken. The injured worker indicated that the H-wave did allow her to sleep better and have more family interaction, as well as to increase daily activities. The injured worker did indicate that the H-wave gave 20% of improvement, and that it cut her pain and swelling. The progress note dated 06/04/2014, revealed that the injured worker complained of right wrist pain, which was rated at an 8/10 to 9/10. The physical examination revealed mild tenderness to the right dorsal carpometacarpal joint. The Request for Authorization form dated 04/09/2014 was for a home H-wave device for purchase to decrease pain and improve function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an H-wave Unit QTY: 1.00:** Upheld

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

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

**Decision rationale:** The injured worker has conducted a trial of the H-wave, and it helped to reduce pain and swelling, but did not reduce medications. The Chronic Pain Medical Treatment Guidelines do not recommend H-wave as an isolated intervention, but a one (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 not only following the failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. The one (1) month H-wave trial may be appropriate to permit the physician or provider licensed to provide physical therapy to study the effects and benefits, and it 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. Rental would be preferred over purchase during this trial period. Trial periods for more than one (1) month should be justified by the documentation submitted for review. The documentation provided indicated that the H-wave helped the injured worker to increase daily activities. However, while she stated that it helped her sleep better and have more family interactions, the injured worker also indicated that the H-wave did not help her to decrease or eliminate the amount of medications taken. The medical records do not support the use of an H-wave unit to promote functional restoration, as stated by the guidelines, with regards to an addition to an evidence-based functional restoration program. Furthermore, there does not appear to be any clinical benefit attributable to its use, resulting in decreased medication use, decreased pain or improved function. Therefore, the request is not medically necessary.