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| <b>Case Number:</b>   | CM14-0065987 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 10/04/2013 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 04/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/09/2014 |

### 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 Family Practice 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:

54 year old male claimant who sustained a work related injury on 10/4/13 involving the upper extremities. He was diagnosed with tendonitis and epicondylitis. He had undergone over 24 visit of physical therapy and a trial of a TENS Unit without much improvement. A progress note on 6/26/14 indicated the claimant had 8/10 pain in the left arm. There was tenderness in the lateral epicondyle on the right elbow as well. There was altered sensation in both forearms. The treating physician provided oral analgesics and continued use of an H-wave Therapy System, which was providing the claimant relief. After a month's use of the H-wave, the treating physician requested the purchase of the unit for continued use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-wave unit:** Upheld

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

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

**Decision rationale:** According to the MTUS Guidelines, 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. While H-Wave and other similar type devices can be useful for pain management, they are most successfully used as a tool in combination with functional improvement. H-wave devices are also available for home use. In this case, the claimant had some improvement after 1-month use. The physician had recommended a home purchase. Additional time of use and determining continued improvement and functional gain over a few months are appropriate before purchasing a unit. Rental of a unit with home use with further justification is appropriate. Details on functional improvement were not provided. Purchase of an H-wave unit at this point is not medically necessary.