

<b>Case Number:</b>	CM14-0067747		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Geriatrics, and is licensed to practice in New York. 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 49 year old woman with a date of injury of 11/5/12. She was seen by her primary treating physician on 3/21/14 with complaints of right thumb and wrist pain. Her physical exam showed intact skin, unremarkable neurological exam and normal neck exam. Her upper extremities were not examined. Her diagnoses included bilateral thumb carpometacarpal osteoarthritis, right median nerve entrapment status post decompression, left median nerve entrapment and CRPS. At issue in this review is the request for a Home H-Wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Home H-Wave Device E1399:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

**Decision rationale:** H-wave stimulation (HWT) is an isolated intervention, but a one-month home-based trial 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). In this injured worker, the records do not substantiate that she has failed other conventional therapy and it appears she is already using the H-wave stimulation system but it is not clear for how long and if greater than the one month trial. The records do not justify purchase of a Home H-Wave Device; therefore, the request is not medically necessary.