

<b>Case Number:</b>	CM14-0018375		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male, who sustained an industrial injury reported on 2/4/2013. He has reported minimal bilateral hand pain, and impaired activities of daily living. The diagnoses were noted to have included right carpal tunnel syndrome; and left carpal tunnel syndrome. Treatments to date have included consultations; diagnostic imaging studies; right carpal tunnel release surgery (6/24/13); physical therapy with transcutaneous electrical stimulation unit therapy; and medication management. The work status classification for this injured worker (IW) was noted to be back to work with no restrictions. On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/23/2014, for a 3 month rental of a home H-wave device to reduce, and/or eliminate pain, improve functional capacity and to reduce or prevent the need for oral medications. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, H-wave stimulation, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home-Wave device for 3 month rental:** 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 stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The patient apparently has persistent bilateral wrist pain and limited activities of daily living. The current request is for H-wave device for three additional months. The primary treating physician's progress report addendum dated 12/3/14, requests additional three months H-wave homecare system two times per day @30 minutes per treatment. The attending physician notes that in a survey taken by H-/wave the patient has made the following comments. Patient has reported a decrease in the need for oral medication due to the H-wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of H-wave homecare. The MTUS guidelines state that H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 case, the most recent available record from the primary treating physician is dated 10/24/14. In that report the attending physician fails to discuss any subjective complaints. He does report that Voltaren gel is helping her pillar pain, but it has not resolved and at this point her symptoms on the left hand are mild or absent. In his plan he notes Voltaren gel is helping. He does not mention H-wave or failure of initially recommended conservative care, including physical therapy. It is as though he is unaware that he has requested H-wave home therapy at an earlier date. The request for an additional three months of H-wave homecare is not supported by the available records. As such, recommendation is for denial.