

<b>Case Number:</b>	CM14-0215704		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/28/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Pennsylvania, Ohio, California  
 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:

This patient's diagnoses include osteoarthritis of the knee and hand pain. An EMG of 11/18/14 demonstrated bilateral carpal tunnel syndrome. MRI of the right hand of 11/18/14 demonstrated moderate to severe first CMC joint arthrosis. Prior treatment has included 18 PT sessions and 12 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not recommended as an isolated intervention, but a one-month home-based trial of H- Wave stimula.

**Decision rationale:** MTUS supports H-wave stimulation as a second-line option after failure of specifically defined first-line treatment for soft tissue inflammation. The records in this case do not clearly document failure of this defined first-line treatment, nor do the records document an

alternate rationale for the requested treatment. This request is not supported by the guidelines and is not medically necessary.

**Arthritis Gloves:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/punmed/517640>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment

**Decision rationale:** MTUS and ODG do not specifically discuss "arthritis gloves" and it is not completely clear what type of equipment is being requested at this time . ODG supports durable medical equipment if that equipment is customarily used for a medical purpose. The records and guidelines do not clearly establish an indication or treatment goal for "arthritis gloves." This request is not medically necessary.