

<b>Case Number:</b>	CM15-0004003		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Arizona

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 52-year-old female who reported an injury on 03/07/2014. The mechanism of injury was not specifically stated. The current diagnoses include carpal tunnel syndrome and lateral epicondylitis. A primary treating physician's narrative report was submitted on 12/17/2014. It was noted that the injured worker had complaints of pain and impairment of activities of daily living. The injured worker had utilized a home H-wave device from 11/10/2014 through 12/01/2014. It was noted that the injured worker had an improvement in symptoms, and the provider was requesting a home H-wave device and system purchase to be used twice per day, 30 to 60 minutes per treatment on an as needed basis. A patient compliance and outcome report was previously submitted on 12/01/2014 following 21 days of use of the H-wave device. It was noted that the injured worker had been previously treated with TENS therapy, physical therapy, and medications. With the use of the H-wave device, the injured worker was able to decrease her medication intake and perform activities of daily living. The injured worker reported 9/10 pain and 50% improvement following the initial 21 days with the H-wave device. A Request for Authorization form was then submitted on 12/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of home H-Wave Device and System:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 171-172.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration. According to the documentation provided, there was no physical examination provided on the requesting date. There is no documentation of a significant functional limitation or a significant musculoskeletal or neurological deficit. The injured worker currently reports 9/10 pain, even after the initial 21 days with the H-wave device. Given the above, the request is not medically appropriate at this time.