

<b>Case Number:</b>	CM15-0103736		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 33-year-old female injured worker suffered an industrial injury on 06/25/2012. The diagnoses included bilateral carpal tunnel syndrome. The diagnostics included electromyographic studies. The injured worker had been treated with medications, acupuncture and H-wave therapy. On 3/12/2015, the treating provider reported she had significant pain relief from acupuncture with reduced swelling in the left wrist /hand along with improvement in strength. She reported some pain reduction in the right wrist/hand as well. She previously stated having discontinued use of H-wave at that time as it increased her pain. The treatment plan included electrodes per pair, conductive paste or gel DOS 4/8/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ongoing -way supplies; electrodes per pair, conductive paste or gel (DOS 4/8/15): 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 Transcutaneous electrotherapy, H-wave stimulation (HWT), pp. 117-118.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines in the MTUS state that H-wave devices are not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation for up to one month may be considered as a non-invasive 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 including exercise, medications, plus transcutaneous electrical nerve stimulation (TENS). When using the H-wave stimulation device for this one-month trial, MTUS states that it may be warranted to combine physical therapy during this period in order to help assess for any functional improvement. To justify continued use of the device, the provider needs to document improvements in function related to the devices use. In the case of this worker, she had used an H-wave previously, but stated in the documentation provided that she discontinued the use of the H-wave "as it increases her pain." This request is for the H-wave supplies. In the setting of this device worsening her pain for some reason, not explained in the documentation, it will be considered medically unnecessary to continue to use the H-wave device or the associated supplies (electrodes, conductive paste/gel).