

<b>Case Number:</b>	CM15-0107720		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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

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 58 year old female, who sustained an industrial injury on July 31, 2013. She reported pain in the left radial wrist. Treatment to date has included splint immobilization, physical therapy, muscle therapy, cortisone injections, medications, ergonomic workstation adjustments, and MRI of the left wrist. Currently, the injured worker complains of pain and exhibits impairment in activities of daily living. The injured worker has been using H-wave therapy at home and reports a decrease in the need for oral medications due to her H-wave therapy. She reports the ability to perform more activity and greater overall function due to the use of her H-wave device and reports a 50% reduction in pain. She reports that she is able to lift more, do more housework, sleep better and has a better range of motion. She uses the H-wave two times per day each day for 30-45 minutes sessions. The diagnosis associated with the request is DeQuervain's tenosynovitis. The treatment plan includes continued use of H-wave therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Home H-wave device purchase/indefinite use, DOS: 3/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118.

**Decision rationale:** The patient is s/p de Quervain's tenosynovectomy without complications and progressed well with post-operative care. The patient was shortly returned to regular work duties from complete surgical recovery without event. Current clinical findings include nontender joints with normal range and neurological findings absent any instability. There is no history of failed TENS or other conservative treatment modalities as the patient continues on Ibuprofen. Submitted reports have not provided specific medical indication or necessity for this unit. There is no change in ADL status or functional limitations demonstrated to support for the this unit. The MTUS guidelines recommend a one-month HWT rental trial to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. There is no documented failed trial of TENS unit, PT treatment, nor any indication the patient is participating in a home exercise program for adjunctive exercise towards a functional restoration approach. Report also indicated patient with history of borderline ovarian cancer cells resulting in hysterectomy and oophorectomy, posing an increased risk and a potential contraindication for the use of Electrotherapy with H-wave. The Retro Home H-wave device purchase/indefinite use, DOS: 3/27/15 is not medically necessary and appropriate.