

<b>Case Number:</b>	CM15-0136418		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 25-year-old male who sustained an industrial injury on 1/18/13. He traumatic injury to his left thumb which required surgical intervention. Treatments include medication, physical therapy, TENS unit and H-wave therapy. Progress report dated 5/19/15 reports H-wave treatment are providing relief. He is sleeping better, is able to participate in more activities, lift more and do the physical therapy instructed exercise program. He uses the H-wave twice daily for 45 minutes 7 days per week. On average, there has been a 60% reduction in pain level from 8/10 to 3/10. He has been able to eliminate norco and is having better work performance. Plan of care is to continue exercise program and purchase H-wave and continue using home H-wave treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave device, purchase/indefinite use:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** The claimant sustained a work-related injury in January 2013 and underwent a trial of home-based H-Wave use in December 2014. He had a 60% decrease in pain during the trial and had been able to discontinue taking Norco. His sleep had improved and he was better able to perform a home exercise program and had increased grip strength. The unit was being used two times per day. When seen, purchase of a home unit was requested. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H- wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the claimant has had a trial of H-wave use with reported decreased pain and medication use and with improved sleep. The requested H-wave unit was medically necessary.