

<b>Case Number:</b>	CM15-0209528		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 45-year-old who has filed a claim for chronic wrist, hand, forearm, and knee pain reportedly associated with an industrial injury of November 18, 2013. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for an H-wave device purchase. The claims administrator referenced RFA form(s) and report(s) of September 30, 2015, September 1, 2015, July 14, 2015, and June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of elbow, wrist, and hand pain. The applicant was using H-wave device, the treating provider reported and contended the same was helpful. The applicant was on Motrin for pain relief, the treating provider reported. The attending provider stated that the applicant would not be able to return to his former work activities. Work restrictions were seemingly imposed, although it did not appear that the applicant was in fact working with said limitations in place. The applicant was described as having issues with loss of strength and discomfort with lifting activity. The applicant was asked to consider hand and wrist surgery. On July 21, 2015, it was stated the applicant was to employ prednisone for pain relief. On said July 21, 2015 office visit, the applicant was placed off of work, on total temporary disability. Neurontin was endorsed on this date. On June 26, 2015, the applicant was again placed off of work, on total temporary disability, while Lyrica and prednisone were endorsed. On May 26, 2015, the applicant was, once again, placed off of work, on total temporary disability, for one month. Occupational therapy was sought. The applicant was using Norco and Motrin for pain relief, the treating provider reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Device purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** No, the request for an H-wave device purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an H-wave device on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with beneficial outcome present in terms of both pain relief and function. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple office visits, referenced above. Provision of an H-wave device failed to effect the applicant's return to work, augment the applicant's ability to lift and/or carry or diminish the applicant's consumption of a variety of analgesic and adjuvant medications to include Neurontin, prednisone, Motrin, Norco, etc. All of the foregoing, taken together suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of the H-wave device. Therefore, the request was not medically necessary.