

<b>Case Number:</b>	CM15-0025827		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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:

This 49-year-old male sustained an industrial injury on 2/6/14, with subsequent ongoing bilateral wrist pain. Magnetic resonance imaging right wrist showed a possible scaphoid fracture. Treatment plan included medications, splints, acupuncture and H-wave. In a PR-2 dated 1/14/15, the injured worker complained of pain to bilateral wrists and hands 6-7/10 on the visual analog scale impacting his ability to perform basic activities of daily living, with occasional numbness and tingling as well as constant clicking at the right wrist. Current diagnoses included bilateral wrist pain and derangement. The treatment plan included continuing acupuncture, updating the home exercise program and using the H-wave device as prescribed. On 1/23/15, Utilization Review noncertified a request for DME-Home H-wave device noting lack of documentation of a failed trial of transcutaneous electrical nerve stimulator unit and citing CA MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines. Because of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-Home H-wave device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) section Page(s): 117-118.

**Decision rationale:** The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. The injured worker is not reported as failing conservative care that may indicate a trial with H-wave therapy is necessary. The request for DME-Home H-wave device is determined to not be medically necessary.