

<b>Case Number:</b>	CM15-0026752		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

This 54 year old female sustained an industrial injury on 5/12/11, with subsequent ongoing bilateral upper extremity pain. Treatment included bilateral carpal tunnel release (2011 and 2012), bilateral cubital tunnel release (2013), medications, physical therapy, transcutaneous electrical nerve stimulator unit, h-wave and psychotherapy. Electromyography bilateral upper extremity (8/26/14) was normal. In a PR-2 dated 12/8/14, the injured worker complained of pain 6-8/10 on the visual analog scale before medication and 3-4/10 with medication. The injured worker reported using the H-wave and getting some good benefit for about an hour a day. Physical exam was remarkable for tenderness to palpation in the bilateral forearms, wrists and medial and lateral epicondyles with positive Tinel's at the left elbow, decreased sensation in the fourth and fifth finger of both hands with good grasp, full range of motion and 5/5 strength to bilateral upper extremities. Current diagnoses included forearm, wrist and elbow tendonitis, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, myalgia and chronic pain syndrome. The treatment plan included continuing medications (Tramadol, Norco, Gabapentin and Naproxen), eight sessions of psychotherapy and requesting authorization for purchase of an H-wave unit. On 1/21/15, Utilization Review noncertified a request for purchase of H-Wave Device noting lack of documentation indicating that a one month trial had been completed or the injured worker's response to treatment and citing CA MTUS Guidelines. As a result 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:

**Purchase of H-Wave Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** 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 not documented here. The provider noted the patient has undergone an H-wave trial use since TENS failed; however, reports are without specifics of failed attempt. There is no consistent pain relief in terms of decreasing medication dosing nor is there clear specific objective functional improvement in ADLs demonstrated from the previous H-wave unit trial. The patient still exhibited persistent subjective pain complaints and unchanged clinical findings for this chronic injury. It does not appear the patient is participating in an active home program or formal therapy for adjunctive exercise towards a functional restoration approach. There are no limitations in ADL, or failed attempts with previous conservative therapy treatments to support for the H-wave unit, not recommended as a first-line approach. There is no change in work status or functional improvement demonstrated to support for the unit purchase. Trial periods of more than one month should be justified by documentation submitted for review; however, submitted reports have not demonstrated having met these criteria to support for the unit purchase. The Purchase of H-Wave Device is not medically necessary and appropriate.