

<b>Case Number:</b>	CM15-0039156		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 47-year-old who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of February 6, 2015. In a Utilization Review report dated February 10, 2015, the claims administrator failed to approve a request for a home H-Wave device. The claims administrator referenced an RFA form received on February 5, 2015 in its determination. The claims administrator suggested that the request had been initiated by the device vendor without an actual office visit with the attending provider, noting that the attending provider in question had reportedly retired. On September 16, 2014, the applicant reported ongoing complaints of hand and wrist pain, 8/10. The applicant was asked to consult a hand surgeon. Tramadol, Motrin, a TENS unit, acupuncture, physical therapy, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On January 13, 2015, tramadol, Motrin, and work restrictions were reported. The applicant continued to report 7/10 pain complaints. It was stated that the previously used H-Wave device had actually been somewhat painful during cold weather. Work restrictions were again endorsed. Once again, it was not clearly established whether the applicant was or was not working with said limitations in place. On order forms of January 7, 2015 and November 5, 2014, the treating provider and/or device vendor sought authorization to purchase the H-Wave device in question.

### 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) Page(s): 118.

**Decision rationale:** No, the request for a home 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, usage of an H-Wave device beyond an initial one-month trial should be justified by the documentation submitted for review, with evidence of favorable outcome in terms of both pain relief and function. Here, however, it does not appear that previous usage of H-Wave device on a trial basis in fact generated any significant improvements in pain and/or function. Permanent work restrictions were renewed, seemingly unchanged, despite ongoing usage of the H-Wave device. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing usage of the H-Wave device. Ongoing usage of the H-Wave device failed to curtail the applicant's dependence on medications such as tramadol and Motrin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the H-Wave device. Therefore, the request is not medically necessary.