

<b>Case Number:</b>	CM15-0055123		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on 12/28/2011. The initial complaints or symptoms included right upper extremity injury from repetitive typing and counting money. The injured worker was diagnosed as having right de Quervain's tenosynovitis. Treatment to date has included conservative care, medications electrodiagnostic testing, cortisone injections, and H-wave stimulation during physical therapy. Currently, the injured worker complains of mild pain in the right elbow when lifting heavy objects. It was reported that the injured worker had only short term relief with previous use of TENS (Transcutaneous Electrical Nerve Stimulation) unit; however, the H-wave unit provided the most benefit. The diagnoses include right de Quervain's tenosynovitis, right carpal tunnel syndrome, and right lateral epicondylitis. The treatment plan consisted of the purchase of an H-wave device for home use. The patient had received a right wrist cortisone injection and has had splinting for this injury. She also had used a TENS and H-wave unit and has received an unspecified number of PT visits for this injury. The medication list included Aleve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device for purchase:** Upheld

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or 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 recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Per the records provided, any indications listed above were not specified, nor did they specify any evidence of neuropathic pain, CRPS I and CRPS II. The patient has had only short-term relief with previous use of TENS (Transcutaneous Electrical Nerve Stimulation) unit; patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was also not specified. The medical necessity of Home H-Wave Device for purchase is not fully established for this patient. Therefore, this request is not medically necessary.