

<b>Case Number:</b>	CM15-0085189		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 36 year old female, who sustained an industrial injury on 1/5/2013. She reported a right wrist injury. The injured worker was diagnosed as status post right carpal tunnel release. There is no record of a recent diagnostic study. Treatment to date has included surgery, H-wave trial, TENS (transcutaneous electrical nerve stimulation), home exercise, physical therapy and medication management. In a progress note dated 3/12/2015, the injured worker complains of right wrist pain that is improved with an H wave trial. The treating physician is requesting indefinite use of an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit, indefinite use, Qty1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy - H-Wave Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulator Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H-wave stimulator.

**Decision rationale:** Pursuant to the Official Disability Guidelines, H wave unit, indefinite use #1 is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one-month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. If treatment is determined to be medically necessary, the efficacy and continued need for the intervention should be periodically reassess and documented. In this case, the injured worker's working diagnosis is pain in joint, forearm. The injured worker underwent carpal tunnel release endoscopically November 5, 2014. The documentation indicates the injured worker had a two-month H wave trial. The documentation does not contain a one month trial with a TENS unit. The injured worker utilized a TENS unit on two occasions. There is no functional improvement or reduction of pain associated with TENS use documented in the medical record. The guidelines state, "if treatment is determined to be medically necessary, the efficacy and continued need for the intervention should be periodically reassess and documented". There is no clinical indication or rationale for H wave stimulation indefinite use. Consequently, absent guideline recommendations for H wave unit indefinite use and fulfillment of the TENS requirement, H wave unit indefinite use #1 is not medically necessary.