

<b>Case Number:</b>	CM14-0149534		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old male with a date of injury of 03/01/2011. According to progress report 07/11/2014, the patient presents with persistent numbness in his left lateral 2 digits. The patient is status post cervical fusion from June 2013. The patient underwent an EMG and nerve conduction study which demonstrated left ulnar nerve neuropathy. Physical examination revealed, "He has positive Tinel's sign in the left cubital tunnel." The patient's diagnoses per Dr. [REDACTED]: 1. Status post anterior cervical discectomy and fusion from C5 to C6 with plate fixation. 2. Left cubital tunnel. The request is for a home H-wave unit for purchase. Utilization review denied the request on 08/20/2014. Treatment reports from 02/27/2014 through 07/11/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-WAVE UNIT PURCHASE FOR LEFT ELBOW AND NECK:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

**Decision rationale:** This patient presents with left cubital tunnel and ulnar nerve neuropathy. The treating physician is requesting an H-wave unit as it has "minimized his pain medication usage and allowed him to continue to work." The MTUS Guidelines pages 117, 118, supports a 1-month home-based trial of H-wave treatment as a non-invasive 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, medication plus TENS. Per the 04/03/2014 report, the patient has been utilizing an H-wave unit which has been "providing him with significant relief." Report 07/11/2014 indicates that with utilizing the H-wave unit, the patient has decreased his medication intake and allowed him to continue to work. In this case, it appears the patient is benefitting from the use H-wave with functional improvement. Although documentation of medication reduction is not clear as the patient continues take Tramadol ER 150 mg, given the patient's functional status and benefit from H-wave, the request is medically necessary.