

<b>Case Number:</b>	CM14-0168020		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 39 year old female with date of injury of 8/13/2013. A review of the medical records indicate that the patient is undergoing treatment for significant flexor extensor tendinitis in the right forearm, right thumb base joint arthropathy, median nerve neuropathy at teres (right), and mild carpal tunnel syndrome on the right. Subjective complaints include intermittent pain at the base of the right thumb; some difficulty gripping, grasping, and opening things; no parasthesis. Objective findings include physical exam of the right wrist and thumb revealing minimal crepitus on the right; slight tenderness on right thumb; right (26/26/24) and left 20/22/20, negative Tinels and Phalens and Finkelstein; mildly positive grind test; and good range of motion on thumb. There is mild swelling involving the right basal joint. There is tenderness of the right basal joint with focal tenderness over the pronator tunnel. No muscle atrophy, no suggestion of osteoarthritic changes to the bilateral hands and wrists of a diffuse nature. Treatment has included TENS unit trial, ibuprofen, electrical stimulation, paraffin bath, hot/cold pack, physical therapy, steroid injections, and bisoprolol. The treating physician noted on 8/29/14 that patient used the H-Wave device for 30 days with a 50% reduction in pain. The utilization review dated 9/12/2014, non-certified the request for the purchase of a Home H-wave device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H- wave device purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117.

**Decision rationale:** Per 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. The treating physician's progress notes do not indicate that the patient has concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/treatments, or is unresponsive to conservative measures. Additionally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, this request is not medically necessary.