

<b>Case Number:</b>	CM14-0092324		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/08/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Medicine and Rehabilitation 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 injured worker is a 37-year-old female who reported an injury on 01/06/2011. The mechanism of injury was not provided for clinical review. The diagnoses included right elbow strain with medial and lateral epicondylitis, right cubital tunnel syndrome, borderline right carpal tunnel syndrome, right wrist sprain/strain. The previous treatments included medication. The diagnostic testing included an MRI, EMG/NCV. Within the clinical note dated 05/12/2014, it was reported the injured worker complained of pain and impaired activities of daily living. The injured worker noted her ability to perform activities of daily living with the use of the H wave device. On the physical examination, the provider noted the injured worker had more mobility after H wave use. The provider requested the purchase of a home H wave device to focus on functional restoration. The Request for Authorization was submitted and dated on 05/12/2014.

### 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 ACOEM, Chronic Pain Treatment Guidelines H Wave Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines/Electrical Stimulation for the Shoulder, Elbow, Hand, Carpal Tunnel Syndrome.

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

**Decision rationale:** The request for Home H-Wave Device Purchase is not medically necessary. The California MTUS Guidelines do not recommend the H wave as an isolated intervention. It may be considered as a non-conservative option for diabetic neuropathic or chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration, and only after failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation. In recent retrospective study suggesting the effectiveness of the H wave device, the patient selection criteria included a physician documented diagnosis of chronic soft tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conservative therapy. The provider failed to document an adequate and complete physical examination demonstrating any numbness or muscle weakness to suggest neuropathic pain. There is lack of documentation of an adequate 1 month rental of the H wave device. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.