

<b>Case Number:</b>	CM15-0013537		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/05/1998
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: 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 56 year old male, who sustained an industrial injury on January 5, 1998. He has reported bilateral hand pain and numbness and was diagnosed with bilateral carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, an H-wave brace trial, conservative therapies, pain medications and lifestyle modifications. Currently, the injured worker complains of continued, chronic bilateral hand pain with associated numbness and tingling. It is noted he underwent an H-wave trial with reportedly good results. He noted being able to sleep better during the trial. He also noted that the unit relaxed him and took tension away from his neck. On January 10, 2015, evaluation revealed continued pain as previously described. Left, open carpal tunnel release and simultaneous left long trigger finger release was requested. On January 22, 2015, Utilization Review non-certified a request for a Home H-Wave Device, noting the MTUS guidelines

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, H-wave stimulation 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). In this case, the medical records do not establish trial and failure of Tens unit. Furthermore, while the patient is reporting improvement such as being more relaxed and being able to sleep better, there is no evidence of specific objective functional improvement from the use of the H-wave unit. The request for home H-wave device is not medically necessary.