

<b>Case Number:</b>	CM15-0118386		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 51-year-old male who sustained an industrial injury on 09/27/2012. Diagnoses include persistent right median neuralgia, status post left and right carpal tunnel release and depression. Treatment to date has included medications, carpal tunnel surgery, steroid injections, splinting, acupuncture, physical/hand therapy, TENS unit and psychological care. Electrodiagnostic testing on 9/3/13 found evidence of right carpal tunnel syndrome. According to the progress notes dated 1/7/15, the IW reported persistent pain and numbness in the left hand due to favoring the right. He rated his pain 10/10. On examination, the carpal tunnel incisions on both hands were well healed. Tenderness was present over both palms. Compression sign, Tinel's sign and Phalen's sign were positive at both wrists. The IW is precluded from anti-inflammatory use due to his Coumadin regimen. A request was made for H- wave unit purchase for wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) H-wave unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

**Decision rationale:** Durable medical equipment (DME) H-wave unit, purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends a one-month home H wave trial 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. The documentation does not reveal clear evidence that that this H wave has had a one month trial with documentation of frequency of use and evidence of pain relief with reduction of medications and evidence of objective functional improvement attributable to this device. The request for an H wave unit is not medically necessary.