

<b>Case Number:</b>	CM15-0172914		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: North Carolina

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 64 year old female, who sustained an industrial injury on 12-5-14. The injured worker was diagnosed as having right wrist closed intraarticular minimally displaced distal radius fracture healed with post-traumatic osteoarthritis, right wrist ulnar sided wrist pain, right extensor carpi ulnaris tenosynovitis, right DRUJ ligament sprain with possible tear, right scapholunate ligament injury strain and possible tear, and right wrist sprain with persistent symptoms. Treatment to date has included H-wave, TENS, physical therapy, and medication. Physical examination findings on 5-28-15 included full range of motion in the right wrist. Pain was noted upon resistant ulnar deviation of the wrist; pain was elicited at the ECU tendon. Motor strength was within normal limits bilaterally and the neurovascular examination was normal bilaterally. On 7-20-15 the treating physician noted "the patient has reported eliminating the need for oral medication due to the use of the H-wave device. Patient has reported after use of the H-wave device a 100% reduction in pain. The patient given these examples of increased function due to H-wave: lift more, more house work, work more with my wrist at job." Currently, the injured worker complains of wrist pain. On 7-20-15 the treating physician requested authorization for a home H-wave device purchase. On 8-10-15 the request was non-certified. The utilization review physician noted "no evidence has been submitted to confirm that the claimant has had a failed 30 day trial of TENS as recommended by the Medical Treatment Utilization Schedule guidelines."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The California chronic pain medical treatment guidelines section on H-wave stimulation therapy states: H-wave stimulation (HWT) 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 a recent retrospective study suggesting 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 conventional therapy, including physical therapy, medications, and TENS. (Blum, 2006) (Blum2, 2006) There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of H wave therapy and TENS on pain threshold found that there were no differences between the different modalities or HWT frequencies. (McDowell2, 1999) [Note: This may be a different device than the H-Wave approved for use in the US.] The clinical documentation for review does include a one month trial of H wave therapy with objective significant improvements in pain and function. Therefore criteria for a home unit purchase have been met and the request is medically necessary.