

<b>Case Number:</b>	CM15-0063095		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 20 year old female, who sustained an industrial injury on 5/22/2013. She reported injury to the left wrist and forearm. The injured worker was diagnosed as having history of sprain or contusion in the left upper extremity with wrist discomfort. Treatment to date has included medications, cortisone injection, and physical therapy. The request is for 30-day trial of H-wave unit. On 3/10/2015, she is seen for follow up to injury to her left wrist and forearm. She reports having had a few weeks of pain relief with a cortisone injection to the left wrist. She is now having return of the wrist pain. She continues to work modified duties. She reports feeling able to lift more than the 10-pound restriction. The treatment plan included: request for H-wave unit trial, and continuation of work restrictions. There are no other medical records available for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Day Trial H-Wave Unit:** 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  
Page(s): 117.

**Decision rationale:** The California MTUS section on H-wave therapy states: 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). The request is for a H-wave unit trial because the patient has used a TENS unit in therapy. This is not a criterion for the use of H wave therapy per the above recommendations. There is also no indication of its use in conjunction with an evidence-based functional restoration program. Therefore, the request is not certified.