

<b>Case Number:</b>	CM15-0068300		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 49-year-old female, with a reported date of injury of 08/21/2014. The diagnoses include right carpal tunnel syndrome and right ulnar nerve lesion. Treatments to date have included electrodiagnostic studies, an x-ray of the right wrist, and an H-wave unit, with some benefit. The progress report dated 03/12/2015 indicates that the injured worker complained of right hand and wrist pain and right hand numbness. She rated her pain 5 ½ out of 10. The objective findings include minimal to mild swelling over the right carpal tunnel, tenderness to palpation over the medial nerve, and no instability or crepitus. The treating physician requested an H-wave unit rental for the right wrist for a one-month trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave rental one month Trial for the Right Wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, H-Wave Stimulation.

**Decision rationale:** Pursuant to the Official Disability Guidelines, H wave rental one month trial for the right wrist is not medically necessary. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain but one month trial, home-based, may be considered as a noninvasive conservative option. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. The following Patient Selection Criteria should be documented by the medical care provider for HWT to be determined medically necessary. These criteria include other noninvasive, conservative modalities for chronic pain treatment have failed, a one-month home-based trial following a face-to-face clinical evaluation and physical examination performed by the recommending physician, the reason the treating physician believes HWT may lead to functional improvement or reduction in pain, PT, home exercise and medications have not resulted in functional improvement or reduction of pain; use of TENS for at least a month has not resulted and functional improvement or reduction of pain. A one month trial will permit the treating physician and physical therapy provider to evaluate any effects and benefits. In this case, the injured workers working diagnoses are right-hand paresthesias; minimal to mild right carpal tunnel syndrome; minimal to mild right cubital syndrome; and mild right C6 - C7 radiculopathy. To date, the injured worker has tried and failed physical therapy, night splinting, and a TENS unit. H wave simulation is not recommended as an isolated intervention for chronic pain. There is no documentation of ongoing physical therapy. There is insufficient evidence to recommend the use of H wave stimulation for the treatment of chronic pain as no high quality studies were identified. There is no documentation in the medical record of the treating physician believes HWT may lead to functional improvement or reduction in pain. As per the California MT US, there is no evidence that in each way is more effective as an initial treatment when compared to TENS for analgesic effects. Consequently, absent guideline recommendations for HWT and no documentation of ongoing therapy and documentation the treating physician believes HWT may lead to functional improvement or reduction in pain, H wave rental one month trial for the right wrist is not medically necessary.