

<b>Case Number:</b>	CM15-0073487		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, who sustained an industrial injury on 1/28/14. She reported swelling and pain in the lateral dorsal wrist area. The injured worker was diagnosed as being status post right thumb carpometacarpal arthroplasty on 8/27/14 and rule out right carpal tunnel syndrome versus cervical radiculopathy. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of pain and numbness in the right thumb, index finger, middle finger, radial aspect of the right hand, right wrist, and up the radial aspect of the distal right forearm. The treating physician requested authorization for a home H-wave purchase. The treating physician noted H-wave was recommended for chronic right thumb base pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-wave purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, H wave stimulation.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Home H wave purchase 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 worker's working diagnoses are status post right thumb CMC arthroplasty August 27, 2014; rule out carpal tunnel syndrome; and possible early CRPS. The utilization review states the utilization review physician referenced a March 6, 2015 progress note. The most recent progress note in the medical record available for review is February 6, 2015. The documentation shows the injured worker underwent an H wave 30-day trial. A January 21, 2015 progress note shows the injured worker received 20 physical therapy sessions post surgery. There is a preprinted prescription noting the 30-day H wave trial dated January 9, 2015. There is a preprinted prescription for purchase dated March 6, 2015. This documentation does not contain objective functional improvement or frequency of application of the H wave trial. Consequently, absent documentation of H wave frequency application and objective functional improvement, Home H wave purchase is not medically necessary.