

<b>Case Number:</b>	CM15-0074419		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Internal Medicine, Rheumatology

### 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 44 year old female, who sustained an industrial injury on 2/3/2014. Diagnoses have included bilateral carpal tunnel syndrome, shoulder/upper arm strain and other tenosynovitis of hand and wrist. Treatment to date has included carpal tunnel release, physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 3/16/2015, the injured worker reported a decrease in the need for oral medication due to the use of the H-wave device. She reported being able to decrease her medication to one pill per day and increase daily activities. Authorization was requested for purchase of a home H-wave device for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Home H-Wave Device for right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Shoulder>, Table 2, Summary of Recommendations, Shoulder Disorders; <https://www.acoempracguides.org/Hand and Wrist>; Table 2, Summary of Recommendations, Hand and Wrist Disorders; <https://www.acoempracguides.org/Elbow>; Table 2, Summary of Recommendations, Elbow Disorders.

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

**Decision rationale:** This 44 year old female has complained of right shoulder pain and wrist pain since date of injury 2/3/14. She has been treated with TENS, surgery, physical therapy and medications. The current request is for an H wave device for right shoulder. Per the MTUS guideline cited above, a 1 month trial of an H wave unit may be considered for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care including recommended physical therapy, medication and TENS (transcutaneous electrical nerve stimulation). There is no documentation of diabetes or chronic soft tissue inflammation in the available medical records nor evidence of a plan to implement a program of evidenced based restoration. On the basis of the MTUS guideline cited above, an H wave unit is not indicated as medically necessary.