

<b>Case Number:</b>	CM15-0074879		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/18/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female with an industrial injury dated January 11, 2014. The injured worker's diagnoses include right thumb basilar joint reconstruction and right carpal tunnel syndrome. Treatment consisted of radiographic imaging, modified work restrictions, and periodic follow up visits. In a progress note dated 2/19/2015, the injured worker presented for reevaluation of her right thumb basilar joint reconstruction. The injured worker reported continued and ongoing numbness and tingling in all five fingers of her hand. Objective findings revealed well healed scar, positive Tinel's at the wrist and Positive Phalen's sign. X-ray revealed basilar joint reconstruction with good height. The treating physician prescribed services for H-Wave Unit for home use now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit for home use:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT); Transcutaneous electrotherapy Page(s): 51, 117-118.

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

**Decision rationale:** This patient presents for a re-evaluation following a right thumb basilar joint reconstruction surgery from October 2014. The Request for Authorization is dated 03/23/15. The current request is for H-WAVE UNIT FOR HOME USE. Treatment history includes medications, physical therapy, splint, TENS unit, modified work and thumb surgery. The patient is currently working. The MTUS Guidelines page 117, 118, supports a 1-month home-based trial of H-wave treatment as a non-invasive conservative option for diabetic neuropathic pain 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, medication plus TENS. According to progress report 03/23/14, the patient utilized an H-wave unit at home for evaluation purposes between 02/19/15 and 03/11/15. The patient reported the ability to perform more activities with greater overall function due to the use of the H-wave device. Examples included "more housework, sleep better, more family interaction, able to write, able to begin doing isometric exercises again." The patient also reported that the numbness in her hands were gone and noted greater flexibility. The patient is utilizing the unit 2 times per day, 7 days per week with 45+ minutes per session. In this case, the patient is benefitting from the use of the H-wave unit with documented functional improvement. Although documentation of medication reduction is not clear as there is no discussion regarding medications, given the patient's functional status and benefit, the requested H-wave IS medically necessary.