

<b>Case Number:</b>	CM15-0076314		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Emergency 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 54 year old female, who sustained an industrial injury on 4/18/2013. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, status post left and right carpal tunnel release. Treatment to date has included transcutaneous electrical nerve stimulation unit, physical therapy, and medications. H wave trail was noted on 11/20/2014. On 12/18/2014, the injured worker stated the pain "still hurts". Right palm scar from the carpal tunnel release still had hyperemia, thickening, and pain. She had been using an H wave device in therapy, which gave her great relief. She used it at home at night on a temporary basis and it was documented as successful in relieving her pain. Her current pain was not rated and medication usage was not described. The treatment plan included purchase of a home H wave device to be used twice daily at 30-60 minutes per treatment as needed. On 3/12/2015, she reported increased function "lift more, sleep better" and a decrease in the need for oral medication (not specified). She utilized the H wave 5 days per week at 45+ minutes per session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Home H-Wave Device, Indefinite Use for the Bilateral Wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave, Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The requested - Requested Treatment: Purchase of Home H-Wave Device, Indefinite Use for the Bilateral Wrist, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "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, 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 injured worker has pain "still hurts". Right palm scar from the carpal tunnel release still had hyperemia, thickening, and pain. She had been using an H wave device in therapy, which gave her great relief. She used it at home at night on a temporary basis and it was documented as successful in relieving her pain. Her current pain was not rated and medication usage was not described. The treatment plan included purchase of a home H wave device to be used twice daily at 30-60 minutes per treatment as needed. The treating physician has noted failed TENS trials and functional improvement from H-wave trials. The above request is medically necessary.