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| Case Number: | CM13-0020450 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 05/25/2012 |
| Decision Date: | 02/11/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/05/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a woman who sustained a work related injury on May 25, 2012. According to the progress note of August 19 2013, the patient developed chronic left foot and ankle pain. His physical examination showed tenderness in the palantar left foot and lateral posterior ankle. The patient pain improved with a trial of H wave therapy. The provider is requesting authorization for H wave therapy to improve the patient pain

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit 30days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation .

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

Decision rationale: According to MTUS guidelines, H wave stimulation is not recommended in isolation. It could be used in diabetic neuropathy and neuropathic pain and soft tissue pain after failure of conservative therapies. There is no documentation of patient tried and failed conservative therapy. There is no documentation that H wave therapy is not used in isolation.

Furthermore, there is no objective documentation of improvement with H wave therapy trial. Therefore a H-Wave unit 30 days is not medically necessary.