

<b>Case Number:</b>	CM13-0021653		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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. The expert reviewer is a licensed Doctor of Chiropractic 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 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/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:

According to the available medical records, this is a 55 year old female patient with chronic feet pain, date of injury 01/10/2011. Previous treatments include medication, TENS, injection, physical therapy, chiropractic and acupuncture. In the treating physician's progress report addendum dated 08/01/2013 by [REDACTED] revealed patient complains of pain, patient exhibits impaired ROM, impaired Activities of Daily Living, diagnosis foot fracture and foot tendonitis, 30 days evaluation trial of H-Wave homecare system is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day H-wave trial for the right foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Review of the medical records does not show that this patient is currently going through any evidence based functional restoration program. Based on the guidelines cited, 30 day H-Wave trial is NOT medically necessary.