

<b>Case Number:</b>	CM13-0025443		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 patient is a 58-year-old male who reported a work-related injury on 09/26/2012 as a result of a fall. The patient is subsequently status post a left tibial external internal fixation as of 09/26/2012. The patient prior to that was rendered a prescription for a 30 day evaluation trial of an H-wave unit on 03/08/2013. The clinical note dated 10/29/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to have pain over the left ankle after working a full day that causes him to put more weight on his right leg and now he has pain to his right calf and also the right low back. The patient reports pain at 5/10. The patient reports limping in the morning and utilizing a back brace. Upon physical exam of the patient, tenderness upon palpation over the lumbar right-sided paraspinal musculature was noted. The patient had negative straight leg raise and was able to flex his back 1 foot from the ground. The provider documented the patient presented with persistent left ankle pain, left knee chondromalacia, right calf pain and low back pain which appears to be muscular may be due to a gait abnormality caused by his left ankle pain. The provider recommended attempts to get an H-wave authorized for the patient's ankle, physical therapy was ordered for the right calf and low back, and the patient was "given a variety of medications."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-wave unit purchase/indefinite use of home H-wave:** Upheld

**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): 118.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient presents status post a work-related fall on 09/26/2012 with subsequently open reduction internal fixation of tib-fib fracture. The clinical notes evidence the patient was recommended to utilize a trial of an H-wave unit times 30 days. However, documentation of the specific reports of the patient's efficacy during the trial were not evidenced in the clinical notes reviewed, as well there was a lack of documentation of failure with a TENS unit. As California MTUS indicates, "H-wave is not recommended as an isolated intervention but a 1 month home-based trial of an H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathy, chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration only following failure of initially recommended conservative care including recommended physical therapy, medications plus transcutaneous electrical nerve stimulation." Given all of the above, the request for H-wave unit purchase/indefinite use of home H-wave is not medically necessary or appropriate,