

Case Number:	CM13-0029411		
Date Assigned:	11/01/2013	Date of Injury:	09/23/2010
Decision Date:	01/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/26/2013

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 Family Practice, and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 09/23/2010. The patient is currently diagnosed with right ankle pain, RSD in the right lower extremity, status post right ankle surgery, and depression. The patient was seen by [REDACTED] on 08/12/2013. The patient reported complaints of ongoing pain. Physical examination was not provided. Treatment recommendations included continuation of H-Wave treatment for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device for three months for the right ankle: 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 Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention, but a 1 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. It should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care, including

recommended physical therapy, medication, and TENS therapy. As per the clinical notes submitted, the patient has continuously utilized this device. Despite the ongoing use, the patient continues to report pain in the right lateral ankle. Satisfactory response to treatment has not been indicated. There was also no evidence of a failure to respond to previous conservative treatment, including physical therapy and medication. The patient did not report significant functional improvement on a patient compliance and outcome report submitted on 12/09/2013. The patient reported only similar relief with the H-Wave system when compared to previous treatment. Based on the clinical information received, the request is non-certified.