

<b>Case Number:</b>	CM13-0040310		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & Pain Medicine and is licensed to practice in Florida. 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 69-year-old male who reported an injury on 05/17/2012. The mechanism of injury was not provided in the medical record. The patient's diagnoses include: fractured tibia, unspecified, closed, ICD-9 code 823.80; tibialis tendinitis, ICD-9 code 726.72; and fracture, medial malleolus, ICD-9 code 824.0. The most recent clinical note dated 07/31/2013 reported that the patient continued to use H-wave for 45 minutes twice a day. The patient complained that prolonged walking aggravates his left ankle medial and lateral pain. There was mild swelling also noted to that ankle. The patient noted he had difficulty with stairs, and was using heel wedge inserts. His medication included Ultracet 1 tablet every 6 hours as needed for pain. The patient was noted to be using compression stockings which gave better control of his swelling, and he continued to do a home exercising program. The patient continued to use his cane occasionally for prolonged walking and was able to ambulate 7 to 8 blocks a day. Objective findings included there was mild swelling to his left ankle, and noted tenderness to palpation. The patient's gait was noted to be mildly antalgic, with short strides, unable to toe or heel walk due to pain and weakness. The relief of pain would last approximately 1 hour with the use of a TENS, as it is 3 days of relief with the H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME H-wave device purchase:** 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 (HWT) Page(s): 117-118.

**Decision rationale:** Per California MTUS Guidelines, H-wave stimulation is not recommended as an isolated intervention, but a 1 month home based trial of the stimulation may be considered as a noninvasive conservative option. However, it must be used as an adjunct to a program of evidence-based functional restoration, and only following failure of initial recommended conservative care, including physical therapy, medications, and a TENS unit. While there is documentation that the TENS unit only gave the patient 1 hour of relief, there is no objective clinical documentation of the patient's functional status prior to the use of the TENS unit, or prior to the use of the H-wave unit trial. Per the guidelines, it is recommended and required that there be clinical documentation of the patient's functional gain, or decrease in the patient's pain, or decrease in the amount of pain medication that is required with the use of the unit. There is subjective documentation on the H-wave compliance and outcome report that the patient received 70% relief with the use of the H-wave. It also reported that the patient was able to decrease his medication. However, there is no objective documentation of any of the previously mentioned. Objective findings documented in the progress notes continue to be swelling to the area, range of motion decreased, decreased strength to the area, gait is antalgic, the patient was unable to toe or heel walk due to pain and weakness. As such, the medical necessity for the H-wave purchase cannot be determined and the request for the DME H-wave device purchase is noncertified.