

<b>Case Number:</b>	CM13-0042991		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Board Certified in Podiatric surgery, New York. 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:

After a thorough review of the enclosed information it appears that the original date of injury was 5/22/2013. It is noted that this patient started to feel left heel pain after running for an alarm. As of July 2, 2013 pain was still noted to the left heel. There was stiffness to the heel noted in the morning and pain anywhere from a 2 through 8 on a scale of 1 to 10. A diagnosis of left plantar fasciitis was made, and patient was asked to ice heel, take anti-inflammatory medications, and return to work without restriction. X-rays were taken on July 3, 2013 which revealed a small infra calcaneal and retro calcaneal exostosis. Patient was given a podiatry referral. Due to continued pain patient was eventually taken out of work. On July 23, 2013 patient was evaluated by a podiatrist. He was noted to have tenderness upon palpation to the plantar ligament left side. Over pronation of feet was also noted. Diagnosis of plantar fasciitis and possible heel spur fracture were noted. Orthotics was recommended at the end of the visit, as well as a local steroid injection to symptomatic left heel and physical therapy to the painful left heel. Upon evaluation on August 6, 2013 patient was still having left heel pain. He states that the local steroid injection did not help. The podiatrist continues to recommend orthotic therapy and would like to initiate physical therapy. Physical therapy began on August 8, 2013. The physical therapy notes relate iontophoresis as well as electrical stimulation to the left foot. The progress note dated August 20, 2013 advises that patient is responding well to electrical stimulation and all physical therapy. His left foot pain is diminishing. The progress note dated September 10, 2013 advises that patients left heel pain is still improving nicely. Patient continues to over pronation, but apparently has no link during this physical exam. The podiatrist advises that they are still awaiting orthotics for this patient. The note goes on to say that patient is doing well with current physical therapy, and that the podiatrist would like to order a home H wave device for the patient. Patient will be sent back to work on September 16, 2013 without restriction. On October 8, 2013 the patient presented

again for follow-up evaluation of left heel pain. He has been back to work without restriction and states that his heel began to hurt again. It is noted that the patient is limping. He was asked to begin physical therapy again and is still awaiting orthotics. There is a request for a one month trial of home H wave device (10-8-2013). The request form advises that home TENS unit did not provide adequate relief of pain. On October 24, 2013 patient was again seen in noted to have minimal left heel pain at a level of 1 to 2 out of 10. Patient was given a biomechanical exam that day with the anticipation of orthotics. The diagnosis remains plantar fasciitis. Patient received his orthotics in late November 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**H-WAVE DEVICE, TRIAL TIMES DAYS QTY: 30.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H WAVE STIMULATION Page(s): 117.

**Decision rationale:** The decision for H-WAVE DEVICE, TRIAL TIMES DAYS QTY: 30.00 is reasonable and medically necessary at this time. At the time the podiatrist recommended and ordered the H wave device, the patient was still having left heel pain. It is well documented in the progress notes that patient had undergone extensive physical therapy, pain and anti-inflammatory medication, and TENS unit treatment for many months without resolution of left heel pain. The MTUS guidelines on H-wave stimulation (HWT) state that this therapy may be considered for treatment of a chronic soft tissue inflammation. This patient is noted to have a diagnosis of a chronic plantar fasciitis. In fact, this patient appears to have met all of the criteria to initiate H wave therapy including prior physical therapy, medication, and prior TENS therapy.