

<b>Case Number:</b>	CM13-0062137		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Family Practice 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:

This is a 33 year old female claimant sustained a work related injury on 9/1/10 involving the bilateral lower extremities. She had a diagnosis of ankle derangement, bilateral achilles tendonitis, bilateral plantar fasciitis and bilateral tarsal tunnel syndrome. She had undergone therapy and foot surgery in 2/2013 which improved her symptoms 80%. She had used oral analgesics and transdermal medications for pain relief. She had additionally received joint injections and orthotics. A progress note on 9/25/13 indicated 5/10 foot pin with numbness and tingling. The treating physician has noted the claimant had failed prior TENS treatment. Initially H-wave therapy was requested for both ankles for a 30 day trial. A progress note addendum on 11/13/13 noted persistent ankle pain and impaired activities of daily living. On 11/13/13, the treating physician requested an addition 3 months of H-wave.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME H-WAVE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the MTUS guidelines: H-wave is not recommended as an isolated intervention, a one-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 if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e, exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the claimant had chronic soft tissue pain in the feet. The TENS unit had failed. The request for a 1-month trial is medically appropriate. However, the claimant had persistent unchanged symptoms after a month of use. The additional 3-month request of H-wave is not medically necessary.