

Case Number:	CM13-0066996		
Date Assigned:	01/03/2014	Date of Injury:	03/24/2010
Decision Date:	04/15/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation, 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 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:

The patient is a 41 year old female who was injured on 03/20/2010. Mechanism of injury is unknown. Prior treatment history has included status post left extensor digitorum longus tendon harvesting and lateral ankle repair. Progress note dated 02/26/2013 documented the patient to have complaints of burning pain in the left leg. She complains of numbness in the last three toes of the left foot. The pain is rated 9/10 without medication. She is not taking the Nucynta because it makes her ill. She does take Lyrica for her pain. She is also on tizanidine. PR-2 dated 11/25/2013 by [REDACTED] documented the patient with complaints of continued pain in the left foot. She has been approved for the custom orthoses and also the H-Wave unit by the compensation carrier. PR-2 dated 11/25/2013 shows treatment plan to be 30-day evaluation trial of the H-Wave Homecare System. Personal follow up with the patient is necessary to ensure compliance with this type of in-home treatment. Treatment goals are as follows: 1. To reduce and/or eliminate pain. 2. To improve functional capacity and activities of daily living. 3. To reduce or prevent the need for oral medications. 4. To improve circulation and decrease congestion in the injury region. 5. To prevent or decrease muscle spasm and muscular atrophy. 6. To provide self management tool to the patient. PR-2 note dated 12/12/2013 documented the patient in for a follow up for her reflex sympathetic dystrophy (RSD). She is able to work full duty with the help of her medication. She was approved for an H-Wave trial. She complains of aching and burning in the left leg. The pain is rated 10/10 without pain medications and 8/10 with pain medication. Objective findings on exam include musculoskeletal examination revealing the left foot is slightly colder than the right. There is slight erythema on the left foot. The left ankle is mildly swollen. There is moderate callous formation on the plantar aspect of her foot on corresponding to the second and third metatarsal head regions. There is heel tenderness. Strength is 5/5 bilaterally for the lower extremities except

for mild weakness on the left dorsiflexors and plantarflexors. She ambulates without assistive device with an antalgic gait. H-Wave Patient Compliance and Outcome Report dated treatment initiated 12/23/2013 and date of survey 01/08/2014 documents the patient stating the H-Wave has helped her more than prior treatment. Other treatment included TENS unit, physical therapy, medications and injections for RSD. She also states that the H-Wave has not helped her decrease the amount of medication taken. The patient documents that the H-Wave has allowed her to increase function or perform more activity in walk farther and stand longer. The pain level right before the use of H-Wave was at 7/10. Her overall comments were that the TENS unit provided more of an aggravation than relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE, ONE MONTH HOME USE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H-wave stimulation.

Decision rationale: According to the CA MTUS guidelines, H-Wave is not recommended as an isolated intervention, but 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. However, the medical records do not establish this patient has diabetic neuropathy or a chronic inflammatory condition with failure of standard conservative measures. The medical records document the patient had use of an H-Wave unit from 12/23/13 to 1/8/2014. According to the patient's 1/8/2014 survey report, she states that the H-Wave has not helped her decrease the amount of medication taken. There is lack of documentation substantiating the patient had obtained clinically significant benefit with use of an H-Wave device as a means of pain management and improved function.