

Case Number:	CM14-0169420		
Date Assigned:	10/17/2014	Date of Injury:	04/30/2013
Decision Date:	11/19/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

This is a 58 years old female patient who sustained an injury on 4/30/2013. The current diagnoses include right ankle sprain and plantar fasciitis. Per the records provided the patient had complaints of pain in the right ankle, both feet and left hip. The physical examination revealed normal gait, tenderness on the right anterior talofibular ligament (ATFL) and stable ankle. The current medications list is not specified in the records provided. She has had magnetic resonance imaging (MRI) in 5/2013 which revealed a fracture of the anterior aspect of the calcaneus at the site of articulation with ankle weight. She has had a platelet rich plasma (PRP) injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave unit, 30 day trial QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) 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, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Any evidence of diabetic neuropathy is not specified in the records provided. The records provided do not specify a response to previous conservative therapy including physical therapy, transcutaneous electrical nerve stimulation and pharmacotherapy for this diagnosis. In addition, the current and previous medications list with dosage is not specified in the records provided. The medical necessity for H-Wave unit, 30 day trial QTY: 1.00 is not fully established for this patient at this juncture.