

<b>Case Number:</b>	CM14-0024702		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 47 year old male who reported injury to his left foot on 04/03/13. A clinical note dated 11/13/13 indicated the injured worker undergoing trial of H-wave unit at the left foot. The patient's response to the trial was not strong enough and failed to take the pain away. The letter of appeal dated 02/05/14 indicated the injured worker being recommended for H-wave unit in order to address the ongoing left foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of home H-Wave device for left foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-8.

**Decision rationale:** The clinical documentation indicates the injured worker complaining of ongoing left foot pain. The injured worker previously underwent trial of H-wave unit. However, it appeared the injured worker had very inadequate response to use of the H-wave unit with minimal reduction in pain. Additionally, it is unclear if the injured worker is going to continue with more conservative treatment in utilizing the H-wave unit is recommended as an adjunct to

the more conservative treatment. Given this, the request for Purchase of home H-Wave device for left foot is not medically necessary and appropriate.