

<b>Case Number:</b>	CM14-0031917		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Nevada. 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 51-year-old male who was reportedly injured on October 11, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated February 12, 2014, indicated there were ongoing complaints of mid back pain and left ankle pain. The injured worker rated his pain as 7/10 without medications and 4/10 with medications. Current medications included Flector patches, Flexeril, Duexis, Norco and Lunesta. The physical examination demonstrated tenderness along the thoracic spine from T4 through T10 as well as tenderness over the left Achilles tendon. There were diagnoses of thoracic pain and an Achilloenotomy. Thoracic epidural steroid injections have been recommended. A request had been made for the use of an H wave unit and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME-H Wave Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot, H-Wave Unit.

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

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of an H wave unit could be to treat diabetic neuropathy and 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). The attached medical record contains no information that the injured worker has failed to improve with these other first line conservative treatments. Therefore, this request for the use of an H wave stimulator is not medically necessary.