

<b>Case Number:</b>	CM14-0069404		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 56 year old female who was injured on 11/18/13. The injured worker is status post open reduction internal fixation (ORIF) of ankle fracture, and is noted to have completed 20 physical therapy visits. The records indicate that the injured worker also has used a transcutaneous electrical nerve stimulation (TENS) unit, but TENS did not provide adequate relief. Evaluation form dated 04/08/14 reflects that the injured worker has a poking pain on the medial aspect of the ankle rated 6/10 on the visual analog scale prior to H-wave treatment. Post H-wave treatment the injured worker reported reduced pain rated 3/10 on the visual analog scale, with increased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave Device 1 month trial:** Upheld

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

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

**Decision rationale:** Per CA MTUS, H-wave stimulation 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). The clinical information provided for review does not include a detailed physical examination with objective findings of swelling/inflammation. No physical therapy progress notes were provided documenting the nature and extent of therapy to date including modalities used and response to treatment. There is nothing in the records indicating that the proposed device is to be used as an adjunct to a program of functional restoration. Based on the clinical information provided, the request for home H-wave device 1 month trial is not considered medically necessary.