

<b>Case Number:</b>	CM13-0023698		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot, ankle, and toe pain reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a six-month H-Wave device home rental. The claims administrator referenced a March 12, 2013 RFA form in its determination. In a progress note dated May 21, 2014, the applicant reported persistent complaints of foot, ankle, toe, and knee pain. Orthotics were endorsed. The applicant was apparently pending knee surgery. The applicant has apparently had multifocal arthritic issues. The applicant also had mild diabetic neuropathy, it was stated. The applicant's work status was not furnished. In a March 12, 2014 progress note, the applicant again reported right foot first MTP joint DJD issues. The applicant was given a refill of Norco and an unspecified anti-inflammatory medication. The applicant was asked to employ an H-Wave device. The applicant stated that she wished to obtain an H-Wave home unit on the grounds that usage of an H-Wave device had proven beneficial during physical therapy. The applicant had undergone a first MTP joint surgery on June 4, 2013, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Home Unit:** 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 Page(s): 117-118.

**Decision rationale:** No, the request for an H-Wave home unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of more than one month or, by analogy, the H-Wave purchase being sought here should be justified by the documentation submitted for review, with evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization to purchase the device without evidence of a previously successful one-month trial of the same. Page 117 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that a one-month trial of an H-Wave device should be reserved for applicants who have failed initially recommended conservative care, including physical therapy, medications, and a conventional TENS unit. Here, the applicant was described as using Norco, an opioid agent, and an unspecified anti-inflammatory medication on March 12, 2014, with reportedly good effect, effectively obviating the need for the proposed H-Wave unit, either on a purchase or a rental basis. Therefore, the request was not medically necessary.