

<b>Case Number:</b>	CM14-0206640		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 28 year old male with an injury date of 03/27/14 Based on the 10/28/14 progress report provided by treating physician, the patient complains of swelling and constant pain to the left foot. Physical examination to the foot revealed shortened stance phase left foot, objective presentation unchanged. MRI of the left foot on 04/25/14 showed patchy marrow edema noted in the cuneiforms and cuboid bones, mild soft tissue swelling/edema along the dorsum of the foot. Patient's current medication includes Norco, Naproxen and Norflex. Patient has had physical therapy along with trial use of TENS and H-WAVE. Per treater report 10/28/14, the patient is returned to modified work duty. Diagnosis (10/28/14)- Crushing Injury of Ankle/Foot- Pain in Joint Ankle/Foot- Dislocation Tarsometatarsal- Preop Cardiovascular ExThe utilization review determination being challenged is dated 11/07/14. The rationale follows: "There is no copy of RFA or report of the request for the 30 day trial." Treatment reports were provided from 04/07/14 to 10/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of H-Wave Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Patient presents with swelling and constant pain to the left foot. The request is for purchase of H-wave device. Patient's diagnosis includes crushing injury of ankle/foot and pain in joint ankle/foot. MRI of the left foot on 04/25/14 showed patchy marrow edema noted in the cuneiforms and cuboid bones, mild soft tissue swelling/edema along the dorsum of the foot. Patient's current medication includes Norco, Naproxen and Norflex. Patient has had physical therapy along with trial use of TENS and H-wave. Per treater report 10/28/14, the patient is returned to modified work duty. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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", "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Treater has not discussed reason for the request. Per Request for Authorization form dated 10/23/14, treater is requesting purchase of Home H-Wave device, for the diagnosis of chronic pain. It appears patient had a 92 day trial of the unit, prior to authorization. A "Patient Compliance and Outcome Report" form dated 09/17/14, was submitted. However there is lack of documentation in treatment reports by provider, such as any pain scales, reduction in medication use, and previously failed TENS trial. Therefore, the request IS NOT medically necessary.