

<b>Case Number:</b>	CM14-0208369		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/07/2004
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice 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:

This 40 year old male sustained a crush injury of the left foot on February 7, 2004. Prior treatments were not included in the provided medical records. On July 8, 2014 and October 31, 2014, the treating physician noted the injured worker complained of an antalgic gait, pain/strain of the lower back, and chronic ankle and foot pain. The physician's objective findings included post crush injury/neuropathy, MRI and x-ray positive for an anterior process fracture of the calcaneus, and traumatic arthritis. Diagnoses were anterior process fracture of the calcaneus, crush injury, sinus tarsi, and traumatic arthritis. The physician recommended a topical pain medication. The injured worker underwent a trigger point injection and an H-wave was used to stimulate the nerves in the foot to decrease the pain. The injured worker's current work status was not included in the provided medical records. On December 2, 2014, Utilization Review non-certified a retrospective prescription for H-wave rental requested on July 8, 2014. The H-wave rental was non-certified based on the injured worker diagnoses of anterior process fracture of the calcaneus, crush injury, sinus tarsi, and traumatic arthritis. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Transcutaneous Electrotherapy were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro H-wave rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 114, 117-118.

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

**Decision rationale:** According to the guidelines, an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case, the claimant did not have the diagnoses or interventions noted above. Therefore, the request for an H-wave unit is not medically necessary.