

Case Number:	CM15-0000056		
Date Assigned:	01/09/2015	Date of Injury:	06/29/2010
Decision Date:	04/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old male, who sustained an industrial injury on 6/29/2010. The mechanism of injury was not described. The diagnosis was plantar fascial fibromatosis. Treatment to date has included conservative measures. Currently, the injured worker complains of ongoing pain, loss of sleep, limited function and mobility, and swelling and atrophy to the injured area. The report, dated 12/01/2014, documented that after a 30 day trial of H-wave, the injured worker showed usage of 23 days, a decrease in pain, along with an increase in the ability to walk and stand. The injured worker stated that "H-wave works a lot better than the TENS unit". A physical examination was not documented. Magnetic resonance imaging reports of bilateral heels, dated 12/01/2014, noted no evidence of acute plantar fascial inflammation or tear. Continued H-wave use was recommended 2 times per day, 7 days per week, 30-45 minutes per session. On 12/10/2014, Utilization Review non-certified a request for home H-wave device for the feet, (purchase/indefinite use), noting lack of compliance with the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for the feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 117.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, "H-wave stimulation (HWT) 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 and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." Medical records cite patient reported subjective improvement of pain rating and increase in walking and standing. The treating physician does not actually confirm whether functional improve has improved, objective findings have improved, or if there was decrease in medication usage (as reported by survey form). Additionally, the medical records provided do not actually substantiate the diagnosis of neuropathic pain or chronic soft tissue inflammation, which is the MTUS indication for H-Wave treatment. In fact, the MRI is negative. Finally, there is no evidence that the H-Wave would be used as an adjunct to ongoing treatment modalities. As such, the request for Home H-wave device for feet is not medically necessary.