MAXIMUS Federal Services

| Case Number: | CM15-0003267 | | |
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| Date Assigned: | 01/14/2015 | Date of Injury: | 10/15/2009 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

## 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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 reported an injury on 10/15/2009 due to an unspecified mechanism of injury. On 08/19/2014, he presented for a followup evaluation. He reported a burning pain in the dorsal forefoot and erythema. He was noted to be post severe crush injury and continued to note having sleeping difficulties. He was also noted to be walking with a limp. Objective findings showed pain at the fourth and fifth MP FX dislocation. Neuropathy and Tinel's/"ethema" dorsal forefoot/hemosiderin dislocation was noted. He was diagnosed with fracture of the foot bone, crush injury, and neuropathic pain. The treatment plan was for a retrospective H-wave provided on 11/12/2014. No documentation was provided from the date of service. The rationale for treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE H-Wave provided on 11/12/14:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that H-wave units are only recommended for a 1 month trial when there is evidence that the injured worker has tried and failed all recommended treatment modalities. There should also be documentation that the injured worker is enrolled and actively participating in an adjunct treatment with a functional restoration approach. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the foot. However, there is a lack of documentation regarding the injured worker's condition on the date of service 11/12/2014 to support the retrospective request for an H-wave. Also, there is no indication within the report that the injured worker was actively participating in an evidence based form of treatment with a functional restoration approach, or that they had undergone a 1 month home based H-wave unit trial, and failed all recommended conservative therapy options. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.