

<b>Case Number:</b>	CM15-0005219		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Hawaii  
 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 62 year old female, who sustained an industrial injury on 7/12/2002. The diagnoses have included status post plantar fasciotomy, right foot with residual fasciosis and moderate collapse of medial arch, dorsal bunion, right first metatarsophalangeal joint and Baxter's nerve entrapment, right foot. Treatment to date has included pain medications. Per the submitted documentation, the injured worker underwent a 30 day trial of the H-Wave Homecare System. The H-Wave patient compliance and outcome report documented that the injured worker was using the H-Wave for the right foot. The injured worker reported that she was able to walk farther, but was not able to decrease or eliminate the amount of medication taken as a result of the H-Wave. Per the Primary Treating Physician's Progress Report from 11/6/2014, the use of Lyrica allowed the discontinuation of hydrocodone and Tramadol. According to the Primary Treating Physician's Progress Report from 12/3/2014, the injured worker complained of continued pain to her right foot and ankle with attempted weight-bearing activities. She was attempting to use a hinge brace ankle-foot orthosis; however, she was unable to find shoe gear to accommodate the brace. Physical exam revealed moderate to severe tenderness to the Baxter's nerve area of the medial heel; compression in this area caused radiating pain to her mid-foot. Moderate tenderness persisted to the anterior tibial tendon region. The medial fascial region of her right foot had mild tenderness. She walked with a mild, perceptible limp. Authorization was requested for one H-Wave machine. The injured worker was to continue the same medications. On 12/13/2014, Utilization Review non-certified a request for 1 home H-Wave device, noting

that the documented use of the H-Wave did not permit the injured worker to decrease dosage or abolish pain medications. The MTUS was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One home-wave device:** Overturned

**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 (HWT) Page(s): 117-118.

**Decision rationale:** The patient presents with included status post plantar fasciotomy, right foot with residual fasciosis and moderate collapse of medial arch, dorsal bunion, right first metatarsophalangeal joint and Baxter's nerve entrapment, right foot. The current request is for One home-wave device. The treating physician states: She walks with a mild perceptible limp. Her stride is shortened on the right side. She is us an AFO and supportive shoes as ambulatory aids, which have reduced the excessive pronation and instability throughout the mid- and hind foot. (27) The MTUS guidelines state: 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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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 (i.e., exercise) 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. In this case, the treating physician documented in a 30 day H-Wave trial, that the patient used the H-Wave unit twice daily for 30-45 minutes, 5 days per week. There was reduction of pain by 30% with H-Wave usage and the patient is able to walk for increased distances. The current request is medically necessary and the recommendation is for authorization.