

<b>Case Number:</b>	CM15-0105504		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/02/2008
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 58-year-old male who sustained an industrial injury on 07/02/2008. Diagnoses include neuropathic pain, ganglion cyst, crepitus and fracture of the foot bone. Treatment to date has included medications, Unna boot and Ace wrap, H-wave unit and nerve block injections. According to the PR2 dated 3/20/15 the IW reported pain in the first tarsometatarsal (TMT) joint and in the midfoot with crepitus and compensatory gait changes. On examination the gait was altered, there was a fracture to the midfoot with crepitus noted and traumatic arthritis. A request was made for one in office H-wave treatment to reduce swelling and one retrospective nerve block injection for date of service 3/20/15 given to decrease pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 in office H-wave treatment:** Upheld

**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  
 Page(s): 117.

**Decision rationale:** The California MTUS section on H-wave therapy states: 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 patient does not have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration. Guidelines do not support a single in office treatment. Therefore, the request is not medically necessary.

**Retrospective (DOS: 3/20/15) 1 nerve block injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** The ACOEM chapter on foot and ankle complaint states: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The requested procedure is not recommended per the ACOEM and therefore the request is not medically necessary.