

<b>Case Number:</b>	CM15-0193712		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Texas, California

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:

This is a 43 year old female patient who sustained an industrial injury on 7-23-2014. Diagnoses include acute capsulitis, metatarsalgia, and right foot sprain. Per the Physician notes dated 7-6-2015, she had complaints of right leg pain with radiation to the right foot. The physical examination revealed mild hallux rigidus deformity with dorsal exostosis, no pain or crepitus with right hallux range of motion. Recommendations include over the counter inserts modified with an additional arch fill. Per the note dated 6/1/15, the medications list includes lidopro cream. The patient had a 26 day trial of H-wave therapy to the right leg that ended on 8-12-2015. Physician notes on a PR-2 dated 8-30-2015 showed improvement of pain and numbness of the right lower extremity with a trial of H-wave therapy. Treatment has included oral medications, TENS unit therapy, over the counter inserts, and physical therapy. Recommendations include purchase of H-wave device and system for home use. Utilization Review denied a request for the purchase of an H-wave system on 9-4-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: H-wave:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** DME: H-wave. Per the CA 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. Evidence that a H-wave unit is used as an adjunct to a program of evidence-based functional restoration is not specified in the records provided. Details regarding previous conservative therapy including physical therapy, pharmacotherapy and TENS is not specified in the records provided. Significant functional deficits that would require H-wave is not specified in the records provided. The DME: H-wave is not medically necessary for this patient at this juncture.