

Case Number:	CM15-0207436		
Date Assigned:	10/26/2015	Date of Injury:	11/20/2010
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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

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 29 year old female, who sustained an industrial-work injury on 11-20-10. A review of the medical records indicates that the injured worker is undergoing treatment for foot pain, tenosynovitis foot and ankle and sprain of ankle. Magnetic Resonance Imaging (MRI) of the left ankle dated 6-13-15 reveals mild to moderate tenosynovitis, of the posterior tibial tendon, minimal tenosynovitis of the peroneal tendons, and mild joint effusion. Treatment to date has included pain medication Norco, topical patches, transcutaneous electrical nerve stimulation (TENS) physical therapy, home exercise program (HEP), injections, and trial of H-wave. Per the treating physician report dated 6-24-15 the injured worker has returned to full duty as of 2-16-15. The medical record dated 7-22-15 the injured worker complains of pain and swelling in the left ankle that comes and goes. She is using Lidocaine patches and has weaned orthotics and ankle brace. The objective findings noted were mild edema to the lateral ankle over the sinus tarsi and moderate pain with palpation. Medical records dated 8-4-2015 to 9-13-2015 the injured worker has trialed the H-wave unit and the injured worker reported that she was able to perform more activity and greater overall function such as walking farther. Per the patient compliance and outcome report dated 9-15-15 the injured worker reports that the H-wave was used for a foot injury, the H-wave helped more than the prior treatments, she continues to take medications, she is able to walk farther with use of the H-wave and pain level prior to the use of the H-wave was rated 9 out of 10 on pain scale and she got 10 percent improvement with use of the H-wave unit. The requested service included Home H-Wave Device for purchase. The

original Utilization review dated 10-1-15 non-certified the request for Home H-Wave Device for purchase.

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 purchase: Upheld

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

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

Decision rationale: The patient presents with left ankle pain. The request is for HOME H-WAVE DEVICE FOR PURCHASE. The request for authorization form is not provided. The patient is status post 2 left ankle surgeries. MRI of the left ankle, 06/13/15, shows mild to moderate tenosynovitis of the posterior tibial tendon; minimal tenosynovitis of the peroneal tendons; no evidence of acute fracture; mild joint effusion. Patient's diagnoses includes tenosynovitis left ankle s/p work injury; left ankle pain - neuropathic vs. strain. Patient has trialed a TENS home-device without meaningful objective improvement. Patient has been treated with physical therapy. Patient is being treated within an evidence-based functional restoration approach, including a directed home exercise program. Patient has undergone treatment with medications. Per progress report dated 07/23/15, the patient is returned to full duty. Per MTUS Guidelines page 117, H-wave Stimulation (HWT) section, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." MTUS further states "trial periods of more than 1 month should be justified by documentations submitted for review." MTUS also states that "and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Page 117. Guidelines also require "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." Per progress report dated 09/22/15, treater's reason for the request is "In a survey taken by H-Wave the patient has made the following comments. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient has given these examples of increased function due to H-Wave: "Walk farther". The patient is utilizing is utilizing the home H-Wave 1 time per day, 7 days per week, 30-45 minutes per session." However, this information was vendor provided information via template fill in the blank. In this case, the patient has not sufficiently improved with conservative care. The patient's prior treatments include surgery, physical therapy, medications, and a TENS unit.

Nevertheless, given the lack of discussion or documentation from the treater regarding improvement of pain and function, the request does not meet guidelines for a H-Wave. Therefore, the request IS NOT medically necessary.