

<b>Case Number:</b>	CM15-0031776		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 54 year old male, who sustained a work related injury on 2/7/13. The diagnoses have included metatarsalgia of second metatarsophalangeal joint right foot and pain with deep internal fixation of the anterior talofibular ligament. Treatments to date have included x-rays, a cortisone injection, Voltaren gel and orthotics. In the PR-2 dated 12/10/14, the injured worker complains of pain in second metatarsalphalangeal joint. On 2/6/15, Utilization Review non-certified a request for an H-wave device for right ankle. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### 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 right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave, TENS Page(s): 114-121.

**Decision rationale:** The 2/06/15 Utilization Review letter states the Home H-wave device for right ankle was denied because there were no objective findings submitted with the request. The UR letter provided for this review did not list the medical records they reviewed. The podiatry records from 6/10/13 through 12/10/14 (5 reports) were provided for review along with the vendor request for the H-wave unit purchase from 1/21/15. MTUS Chronic Pain Medical Treatment Guidelines, for TENS, pg 114-121, under H-wave 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 provided records do not document outcomes of a 1-month home trial of H-wave, nor is there discussion of a program of evidence-based functional restoration, and no mention of failed TENS. The handwritten intake form from 10/15/14 shows the patient had pain relief from prior electrical stimulation. The MTUS criteria for H-wave purchase or trial have not been met. The request for Home H-wave device for right ankle IS NOT medically necessary.