

<b>Case Number:</b>	CM15-0082772		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 50 year old female, who sustained an industrial injury on February 22, 2013. The injury occurred when the injured worker tripped, causing an acute twisting injury to the right ankle. The injured worker has been treated for bilateral heel and right foot and ankle complaints. The diagnoses have included non-traumatic rupture of tendons of the foot and ankle, planter fascial fibromatosis and pain in the joint involving the ankle and foot. Treatment to date has included medications, radiological studies, physical therapy, injections, orthotics and a home exercise program. The injured worker was noted to be receiving H-wave stimulator treatments while in physical therapy. The H-wave treatments were noted to be helpful with the pain and swelling. Current documentation dated April 6, 2015 notes that the injured worker had ongoing right ankle and bilateral heel pain. Objective findings included tenderness to palpation over the planter aspects of both heels and over the anterior and lateral aspects of the right ankle. There was also a positive drawer test noted on the right. The treating physician's plan of care included a request for an H-wave stimulator for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave Unit for 3 Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines H-wave stimulation, page 117.

**Decision rationale:** Per 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 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. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review." There is no justification for the 3-month trial period. Therefore, the request is not medically necessary.