

Case Number:	CM15-0241206		
Date Assigned:	12/18/2015	Date of Injury:	03/05/2013
Decision Date:	01/22/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 a 47 year old female, who sustained an industrial injury on 03-05-2013. The injured worker is currently able to return to work with modifications. Medical records indicated that the injured worker is undergoing treatment for corrected ankle sprain with osteochondral damage and corrected avulsion fracture to distal aspect of fibula. Treatment and diagnostics to date has included left ankle surgery (05-04-2015), physical therapy, and use of H-wave unit. Subjective data (10-07-2015 and 11-05-2015), included history of left ankle pain. Objective findings (11-05-2015) included "pain free" range of motion of left ankle, no crepitus in the joint, no instability at ankle joint, full weight bearing, and not limping. On 10-07-2015, the treating physician noted that the injured worker had been using the home H-wave unit "for about a month" and it "seems to be helping a lot with the swelling". The Utilization Review with a decision date of 11-25-2015 non-certified the request for home H-wave device (rental or 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 (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: H-wave stimulation is an isolated intervention, but a one-month home-based trial 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). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. The records do not substantiate that this injured worker has failed other conventional therapy to medically justify H-wave system use. H-Wave device is not medically necessary.