

<b>Case Number:</b>	CM14-0134355		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year-old patient sustained an injury on 10/24/13 while employed by [REDACTED]. Request(s) under consideration include Home H-wave device for purchase/indefinite use. Diagnoses include left ankle sprain. Conservative care has included physical therapy, medications, TENS (not strong enough); and modified activities/rest. Report of 2/10/14 from the provider noted patient complaining of left ankle swelling when he walks a lot with throbbing. Exam showed tenderness at left ankle with ATFL, pain with motor strengthening. Treatment included magnetic resonance imaging (MRI) of left ankle and physical therapy 2x4 with continued modified work. Physical therapy treatment records of 3/5, 3/13, 3/18, 3/19, 3/25, 3/31, 4/3, and 4/7 had no record of TENS trial with pain rated at 5-7/10. The patient was discharged from physical therapy without mention for TENS use. Exam was unchanged with left ankle showing dorsal tenderness; stable ankle joint with normal strength. Treatment noted physical therapy with patient on limited duty. Physical therapy records of 7/2, 7/3, 7/9, 7/16, 7/23, and 7/30 visits have no mention of TENS use. Dated request of 6/20/14 was for home H-wave device. Treatment noted patient would benefit from H-wave use. The request(s) for Home H-wave device for purchase/indefinite use was non-certified on 7/21/14 citing guidelines criteria and lack of medical necessity.

### 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/Indefinite Use: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

**Decision rationale:** There is no documented failed trial of TENS use. Per guidelines, H-wave 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) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The Home H-wave Device for Purchase/Indefinite Use is not medically necessary and appropriate.