

<b>Case Number:</b>	CM14-0148656		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Family Medicine 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 is a 59 years old female patient who sustained an injury on 6/18/2009. She sustained the injury while carrying the delineator in her left hand, as well as a STOP sign in the right hand, she tripped over the delineator and she fell onto the delineator which struck her along the mid axillary line. The current diagnoses include right foot and ankle pain and left knee pain. Per the doctor's note dated 7/15/14, she had complaints of right ankle and foot pain; left hip and left knee pain. The physical examination revealed right foot and ankle- swelling, tenderness and decreased range of motion; left hip and knee- no tenderness and full range of motion. The medications list includes Lotensin, Prevacid and Norco. She has undergone a right tendo-Achilles lengthening, right leg peroneus brevis and longus extensive tenolysis, right leg peroneus longus tendon transfer to fifth metatarsal base, right foot calcaneal osteotomy, a right foot first metatarsal dorsiflexion osteotomy and a right foot fluoroscopy in 2009 and tonsillectomy in 2001. She has had right ankle X-ray dated 7/11/2009 which revealed. Moderate lateral soft tissue edema without underlying osseous injury; right ankle MRI dated 8/12/2009 which revealed partial tear of peroneus longus and possibly brevis; right foot and ankle X-ray dated 2/15/14 which revealed mild arthritic changes in the first metatarsal phalangeal joint, some slight osteoporosis and no evidence of hardware, an osteophyte on the plantar aspect of the calcaneus and sclerotic changes in the calcaneus and in the right subtalar joint; the left knee X-ray demonstrated fairly well maintained joint spaces, a slight effusion and a small ossicle over the lateral collateral ligament. Per the note dated 7/28/2014, she has had 121 days use of H-wave unit with improvement in foot symptoms. She has had chiropractic manipulative therapy, electrical stimulation, ultrasound, manual therapy as well as low level laser.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home H-Wave unit (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** Per the CA 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 (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Any evidence of diabetic neuropathy is not specified in the records provided. The records provided do not specify a response to previous conservative therapy including physical therapy, transcutaneous electrical nerve stimulation and pharmacotherapy for this diagnosis. In addition, the current and previous medications list with dosage is not specified in the records provided. The medical necessity for Home H-Wave unit (purchase) is not fully established for this patient at this juncture.