MAXIMUS Federal Services

Case Number:	CM15-0117217		
Date Assigned:	06/25/2015	Date of Injury:	01/24/2013
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 a 35-year-old male who sustained an industrial injury on 1/24/2013 resulting in pain in the right foot and big toe with decreased range of motion of the big toe. The injured worker was diagnosed with a crush injury to the toe. Treatment has included fusion of the IP joint, transcutaneous electrical nerve stimulation, which he reported, did not provide relief; physical therapy; pain medication; and one month of H-Wave home treatments, which he reported improved mobility and decreased need for medication. The injured worker continues to report increased pain with prolonged standing or walking and decreased range of motion. The treating physician's plan of care includes home H-wave treatments. He is permanent, stationary, and not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Purchase: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of H-wave stimulation as an isolated intervention. A one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for 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 physical therapy and medications, plus transcutaneous electrical nerve stimulation. In this case, the injured worker has previously used the H-Wave system but there is no documentation from the physician that the injured worker has objectively benefited from the use of the system. Additionally, there is no indication that this will not be an isolated treatment modality. The request for H-Wave Purchase is determined to not be medically necessary.