

<b>Case Number:</b>	CM15-0064902		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	07/31/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old male, who sustained an industrial injury on 7/31/2014. He reported a right ankle sprain. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a right ankle sprain. Ankle x rays show soft tissue swelling. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress notes, the injured worker complains of right ankle pain. The treating physician is requesting H wave purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) home H-wave device purchase:** Overturned

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

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

**Decision rationale:** The claimant sustained a work injury and July 2014 and continues to be treated for right ankle pain. The treating provider documents a trial of H-Wave use with reported

benefit with decreased pain by 50%. Prior treatments have included medications and TENS. Although H-wave stimulation is not recommended as an isolated intervention, a one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. In this case, the claimant has had a trial of H-wave use with reported decreased pain. Therefore, the requested H-wave unit purchase was medically necessary.