

<b>Case Number:</b>	CM13-0055765		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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:

The injured worker reported a date of injury of 06/25/2013. Progress report dated 09/25/13 indicates that the injured worker complains of pain, exhibits impaired range of motion, and exhibits impaired activities of daily living. Diagnoses are listed as left foot sprain/strain and contusion of left foot. H-wave report dated 12/19/13 indicates that the unit provided 35% pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **H-WAVE UNIT FOR LEFT FOOT SPRAIN/STRAIN FRACTURE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

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

**Decision rationale:** There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The most recent progress note submitted for review is dated 09/25/13. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by CA MTUS guidelines. Therefore, the request for H-Wave unit for left foot sprain/strain fracture is not medically necessary and appropriate.