

Case Number:	CM13-0000834		
Date Assigned:	04/30/2014	Date of Injury:	01/08/2013
Decision Date:	06/10/2014	UR Denial Date:	05/28/2013
Priority:	Standard	Application Received:	06/25/2013

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 Physical Medicine & 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:

The patient is a 26 year old male who was injured on 01/08/2013. Prior treatment history has included a cortisone injection to the right ankle and physical therapy. The patient states he occasionally uses a TENS unit when he gets pain. The patient's medication treatment included Hydrocodone-Acetaminophen and Nabumetone 500 mg. Diagnostic studies reviewed include an MRI of the right ankle dated 03/13/2013 revealing there is a complete tear of the anterior talofibular ligament. An MRI of the right knee dated 03/13/2013 was unremarkable. A progress note dated 04/11/2013 documented the patient is in for follow up of his right knee and right ankle pain symptoms. Objective findings on exam reveal the patient's gait is normal on the right side with partial weight bearing on right side using no assisted devices. There is no inflammation. However, there is mild swelling of the right ankle anterolateral and ATFL. There are no signs of crepitus or deformity and flexibility is normal. There is a negative Homan's and Thompson's sign bilaterally. Range of motion of the right ankle is ankle dorsiflexion is 10 degrees active and passive, ankle plantarflexion 25 active and passive, Inversion 15 active and 20 passive, eversion 15 degrees active and passive. There is 2+ tenderness to palpation of the lateral joint line and ATFL right ankle. There was no tenderness to palpation of the patient's deltoid ligament, Achilles tendon or fifth metatarsal. A PR-2 dated 02/05/2014 documented the patient with complaints of continuous occasional pain over the right ankle region over the anterior aspect of the tibia talar consistent with chronic tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H-WAVE DEVICE RENTAL, RIGHT ANKLE: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate H-wave stimulation 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)." In this case, the most recent progress report indicates that the patient continues to have pain over the right ankle anterior aspect of the tibia talar consistent with chronic tendinitis. However, there is no documentation that this patient is currently on an active adjunctive treatment such as physical therapy or is currently taking prescription medications. Therefore, the request is not medically necessary and appropriate.