

Case Number:	CM13-0001416		
Date Assigned:	05/02/2014	Date of Injury:	12/10/2008
Decision Date:	06/10/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/15/2013

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 and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 43 year old male who was injured on 12/10/2008 when he was involved in a motor vehicle collision. PR2 dated 04/30/2013 indicates the patient has had multiple ankle surgeries and right knee arthritis. He complains of pain in the right knee, bilateral ankles/feet (worse on the right). He describes the pain as aching, burning, cramping, sharp, throbbing, and shooting in nature. He averages this pain with medications at 6-7/10 and it provides him with 20-50% pain relief from his usual pain. The patient's current level of function is 4-5/10. He is taking ibuprofen, Prilosec, Lyrica, Lidoderm, Senokot, Colace, and Compounded pain cream. On exam, the patient presents in no acute distress with slow and uneven gait using a single point cane. Range of motion and strength remain decreased in the right knee. There is swelling in the right foot and ankle today with no change in his hypersensitivity at the top of the right foot. Strength remains decreased in plantar and dorsiflexion bilaterally at 5-/5. The treatment plan include a request for a TENS unit, 3 month trial, decrease Oxycontin, discontinue Prilosec and restart Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF H-WAVE SYSTEM FOR THE ANKLE, FOOT, LEG AND KNEE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, H-Wave Stimulation (HWT).

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

Decision rationale: According to California MTUS guidelines, H-Wave Stimulation (HWS) is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a non-invasive 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). The available medical records document the patient has tried many conservative measures including pain medications and physical therapy. The medical report dated 04/30/2013 shows a request for 3 months trial TENS but there is no documentation regarding the failure of TENS in controlling patient's pain. Therefore, the request for a 30 days trial of H-wave system for the ankle, foot, leg and knee is not medically necessary and appropriate.