

Case Number:	CM13-0002416		
Date Assigned:	12/11/2013	Date of Injury:	12/07/2012
Decision Date:	04/03/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 46 YO female with date of injury of 12/07/2012. The listed diagnoses per [REDACTED] dated 09/05/2013 are: 1. Deltoid ligament sprain and right medial ankle capsular sprain 2. Tarsal tunnel syndrome right ankle According to progress report dated 09/05/2013 by [REDACTED], the patient presents with burning sensation with aches to the anterior lateral and medial aspect of the ankle. Objective findings show range of motion for the right ankle are dorsiflex 10, plantar flex 45, inversion 20, eversion 10. Positive for TTP to posterior tibialis. The treater is requesting an H-Wave unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN H-WAVE UNIT: Overturned

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

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

Decision rationale: This patient presents with chronic ankle pain. The treater is requesting an H-Wave unit purchase. Review of the reports show a patient compliance and outcome form which

noted only 30% improvement. However, [REDACTED] report from 10/28/13 states that the "patient has reported decrease in the need for oral medication due to use of the H-Wave device. Patient has reported the ability to perform more activity and greater overall function due to the use of the H-Wave device. Patient states that it has given her more mobility and ability to walk easier and stand longer." When addressing H-wave units, MTUS guidelines pages 117 and 118 supports a one-month home-based trial of H-Wave treatment 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 (TENS). It is not known whether or not the patient has failed a TENS unit in the past. However, the patient tried an H-wave unit and the treater documents medication reduction and functional improvement. Recommendation is for authorization.