

Case Number:	CM13-0020432		
Date Assigned:	10/11/2013	Date of Injury:	10/25/2011
Decision Date:	11/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 27-year-old female with a 10/25/11 date of injury. At the time (8/28/13) of the Decision for home H-wave device - purchase for the left foot, there is documentation of subjective (left foot pain) and objective (allodynia and tenderness on the dorsal medial aspect of the left foot and pain with range of motion) findings, current diagnoses (post-traumatic complex regional pain syndrome of the left foot), and treatment to date (medications, injections, previous H-wave treatment, and physical therapy). Medical reports identify that previous H wave treatment (two times a day at 30 minutes per session) helps decrease pain by 30%. There is no documentation of chronic soft tissue inflammation, failure of additional conservative care transcutaneous electrical nerve stimulation (TENS), and outcomes in terms of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave device - purchase for the left foot: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation 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 addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that the effects and benefits of the one month trial should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Within the medical information available for review, there is documentation of a diagnosis of posttraumatic complex regional pain syndrome of the left foot. In addition, there is documentation of previous treatment with H-wave unit. However, despite documentation of ongoing treatment with H-wave, there is no documentation failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications. However, there is no documentation of chronic soft tissue inflammation and failure of additional conservative care transcutaneous electrical nerve stimulation (TENS). In addition, despite documentation that previous H wave treatment (two times a day at 30 minutes per session) helps decrease pain by 30%, there is no documentation of outcomes in terms of function. Therefore, based on guidelines and a review of the evidence, the request for home H-wave device - purchase for the left foot is not medically necessary.