

Case Number:	CM13-0025975		
Date Assigned:	01/31/2014	Date of Injury:	02/13/2012
Decision Date:	09/08/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 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 47-year-old male with a date of injury of 02/13/2013. The listed diagnoses per [REDACTED] are Ankle/foot arthritis, Abnormality of gait, late effect of crushing, and after surgery, unspecified. There are 2 progress reports provided by [REDACTED]. According to progress report 03/12/2013, the patient is status post removal of painful plate and screws of the left first metatarsal. He presents with improvement since surgery but reports discomfort above the incision. He has had physical therapy sessions with benefit and is currently taking Norco 1 tablet by mouth every 4 hours. The provider recommended crutches, additional physical therapy, and over-the-counter medications. A report of 08/13/2013 indicates the patient complains of pain and exhibits impaired activities of daily living. The provider recommends patient continue current treatment plan with the EWL H-wave home care system for 3 months. Treatment goals include reduction of pain, reduction of oral medication, decreased muscle spasm, improved functional capacity, improved circulation, and provides self-management tool for patient. Utilization review denied the request on 09/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTHS ADDITIONAL RENTAL H-WAVE DEVICE FOR THE LEFT FOOT:

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 (HWT) Page(s): 117,118.

Decision rationale: This patient is status post removal of painful plate and screws of the left first metatarsal. The provider is requesting 3 months additional rental of the H-wave device to be used 30 to 60 minutes as needed for patient's left foot. For the MTUS Guidelines, "H-wave is not recommended as an isolated intervention but a 1-month home based trial of H-wave simulation 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 initial recommended conservative care." The MTUS further states those trial periods of more than 1 month should be justified by documentation submitted for review. In this case, the provider is requesting for "additional 3 months rental," but the two progress reports provided for review do not discuss if prior H-wave use was helpful in terms of pain and function. Therefore, the request is not medically necessary.