

Case Number:	CM13-0032373		
Date Assigned:	12/11/2013	Date of Injury:	05/29/2012
Decision Date:	03/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 51 year old male who was injured on 05/29/2012 when he fell off the third rung of a ladder. As a result, he injured his left ankle and right knee. Diagnostic studies performed include x-rays of the left ankle with no evidence of acute bony injury. The MRI of the left ankle performed 11/02/2012 revealed degenerative changes at the articulation between the navicular and medial cuneiform with a large intraosseous ganglion cyst in the subchondral portion of the medial cuneiform, Typed III navicular. Thus far, treatment has included prescription medications, brace, physical therapy and surgery. On 02/01/2013 he underwent left ankle modified Brostrom-Gould procedure and deltoid ligament plication. On 09/16/2013 the patient had an evaluation with his surgeon who noted good flexion and extension; sore inversion; he is able to work for about four hours at home before the ankle starts to be painful and he starts to swell. His doctor stated he is going to physical therapy and they recommended an H-wave device; he has responded well to it in physical therapy and they would like to try a one month home use evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A one month trial of H-wave: Overturned

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

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

Decision rationale: According to the California MTUS, 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)". The patient is documented to have consistent swelling at the left ankle, he has not made progress in his current physical therapy routine and per the Primary Treating Physician's Progress Report Addendum, the TENS has failed. He therefore meets the criteria for a 30 day trial of an H-wave unit.