

Case Number:	CM13-0032388		
Date Assigned:	02/07/2014	Date of Injury:	12/07/2012
Decision Date:	05/22/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 injured worker is a 46-year-old female who reported an injury on 12/07/2012. The mechanism of injury was not stated. Current diagnoses include deltoid ligament sprain and right medial ankle capsular sprain with right ankle tarsal tunnel syndrome. The injured worker was evaluated on 11/12/2013. The injured worker reported intermittent pain. The injured worker has been treated with an H-Wave unit and acupuncture therapy. Physical examination revealed 15 to 20 degree dorsiflexion, 50 to 60 degree plantar flexion, 20 degree inversion, 10 degree eversion, and tenderness to palpation. Treatment recommendations included continuation of H-Wave stimulation.

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 FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention, but a 1-month home based trial may be considered as a

non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. H-Wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, there is no indication that this injured worker is actively participating in a program of evidence-based functional restoration. There is also no evidence of a failure to respond to physical therapy, medications, or TENS therapy. The request for a purchase of an H-Wave unit for the right ankle is not medically necessary and appropriate.