

Case Number:	CM13-0034683		
Date Assigned:	12/11/2013	Date of Injury:	10/11/2012
Decision Date:	02/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 50 year old male who reported an injury on 10/11/2012. The mechanism of injury was not submitted. The patient was diagnosed with achillontenotomy. The patient complained of pain in the left calf and ankle. The patient reported the pain increases depending on activity level. The patient reported that there was increasing pain in the mid and upper back. In the clinical documentation dated 10/09/2013 the physical examination revealed tenderness over the Achilles tendon, ankle dorsiflexion was 3/5, and ankle plantar flexion was 3/5. The patient is being treated with pain medication and muscle relaxants. The patient was recommended to continue a healthy diet, perform a daily home exercise program, and take medications as prescribed.

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: Upheld

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

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

Decision rationale: The clinical documentation does not meet the guideline recommendations. The patient complained of pain in the left calf and ankle. The patient reported the pain increases depending on activity level. The patient reported that there was increasing pain in the mid and upper back. CA MTUS states that H-wave stimulation is not recommended as an isolated intervention, but that a one-month home-based trial of 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). However, there is no clinical documentation indicating the patient has continued an evidence-based functional restoration program which is recommended by the guidelines. Also, no objective clinical documentation was submitted to indicate continued functional deficits. Given the lack of documentation to support guideline criteria, the request is non-certified.