

Case Number:	CM13-0039285		
Date Assigned:	12/18/2013	Date of Injury:	06/22/2011
Decision Date:	03/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Medicine and is licensed to practice in North Carolina. 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. 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 28 year old male with a reported date of injury of 6/22/2011. The injury occurred when a table leg dropped onto his left ankle. Treatments for the injury includes left ankle arthroscopy and osteochondral defect debridement, physical therapy, home TENS unit, cortisone injection, HEP, bracing and medication. In 05/2013 an H wave rental for 30 days was certified. A three month H wave rental was noncertified in 06/2013 but modified to allow an additional one month of therapy. A progress note addendum dated 09/04/2013 notes "the patient has reported eliminating the need for oral medication due to the use of the H-wave device. Patient also made the following comments regarding the use of the H-wave device "I like my H-wave much more than the TENS unit. My H-wave helps me out a lot." There is no other clinical objective documentation of improved pain control or increased function. An additional office note dated 09/16/2013 from [REDACTED] notes that the patient subjectively states that "physical therapy and the cortisone shots have been the only things that really helped him." Physical exam noted mild tenderness to palpation along the anteromedial aspect of the ankle joint with moderate tenderness to palpation along the anterolateral aspect of the ankle joint and a positive Tinel sign in that area. There was no edema or erythma or pain with range of motion. Strength with dorsiflexion was noted to be 5/5. A utilization review decision was rendered on 09/18/2013 to not certify the permanent use of the H-wave device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device E1389 (Purchase) Left foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): s 117-118.

Decision rationale: The patient does not have diabetic neuropathic pain; he does have chronic soft tissue inflammation. However there is no objective documentation for improvement in pain or function. In addition, progress notes dated after the request for the H-wave device, indicate the patient subjectively stating that the physical therapy and cortisone injections were the only effective modalities of treatment