

Case Number:	CM13-0043545		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2012
Decision Date:	12/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine 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 40-year-old male who has submitted a claim for status post right fibular sesamoid OCD drilling and lymphedema associated with an industrial injury date of 1/11/2012. Medical records from 2012 to 2013 were reviewed. The patient complained of right leg pain, status post exploration and drilling of right fibular sesamoid fracture. The patient noted leg swelling consistent with lymphedema and pain. Progress report from 7/2/2013 cited that use of TENS unit in physical therapy was helpful. He used regular shoes without using any type of brace or orthotics. He was given a dancer's Hapad at a prior visit resulting to pain relief and offloading of sesamoids. He was complaining of foot swelling and discomfort around the hallux MTP. Physical examination showed improved leg and ankle edema, but persistent pedal edema at the right. Range of motion of the right ankle showed 20 degrees of dorsiflexion and 40 degrees of plantarflexion without pain. Strength was 5/5. Treatment to date has included right fibular sesamoid fracture exploration and drilling of osteochondral defect on 6/22/2012, physical therapy, functional restoration program, and medications. The patient had tried use of H-wave device during his physical therapy sessions and reported considerable pain relief from its use. The request for dancer sesamoid pads is to offload the sesamoids and to help take pressure off the hallux sesamoid complex of the foot. The utilization review from 10/2/2013 denied the request for H-wave 3 month trial because of no documentation that patient had failed conservative measures including medications, physical therapy, and TENS unit prior to consideration of an H-wave device; and denied dancer sesamoid pads because of no discussion how these pads would be of more functional benefit compared to an over-the-counter form.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE 3 MONTH TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

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

Decision rationale: As stated on pages 117-118 of CA MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a trial may be considered as a non-invasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In this case, the patient complained of right leg pain status post exploration and drilling of right fibular sesamoid fracture. The patient noted leg swelling consistent with lymphedema and pain. He was given a dancer's Hapad at a prior visit resulting to pain relief and offloading of sesamoids. He was complaining of foot swelling and discomfort around the hallux MTP. Physical examination showed improved leg and ankle edema, but persistent pedal edema at the right. Range of motion of the right ankle showed 20 degrees of dorsiflexion and 40 degrees of plantarflexion without pain. Strength was 5/5. Progress report from 7/2/2013 cited that use of TENS unit in physical therapy was helpful. The patient had tried use of H-wave device during his physical therapy sessions and reported considerable pain relief from its use. However, there was no evidence that the patient was still continuing self-exercises at home; H-wave stimulation is not recommended as a solitary mode of treatment. There was likewise no documentation of a short-term and long-term treatment plan from the physician. Therefore, the request for H-wave 3 month trial was not medically necessary.

DANCER SESAMOID PADS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise

kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the patient complained of right leg pain status post exploration and drilling of right fibular sesamoid fracture. The patient noted leg swelling consistent with lymphedema and pain. He used regular shoes without using any type of brace or orthotics. He was complaining of foot swelling and discomfort around the hallux MTP. Physical examination showed improved leg and ankle edema, but persistent pedal edema at the right. Range of motion of the right ankle showed 20 degrees of dorsiflexion and 40 degrees of plantarflexion without pain. Strength was 5/5. The request for dancer sesamoid pads is to offload the sesamoids and to help take pressure off the hallucal sesamoid complex of the foot. However, progress report from 7/2/2013 stated that patient was given a dancer's Hapad at a prior visit resulting to pain relief and offloading of sesamoids. There was no clear discussion why a new set of sesamoid pads should be provided. Therefore, the request for dancer sesamoid pads was not medically necessary.