

Case Number:	CM13-0043548		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2012
Decision Date:	05/22/2014	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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 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 39-year-old male who reported an injury on 01/11/2012, after he jumped off a 2 foot ledge which reportedly caused injury to his bilateral feet. The injured worker's treatment history included physical therapy, medications, activity modifications, and compression therapy. The injured worker was evaluated on 07/02/2013. Physical examination findings included improved leg and ankle edema and restricted ankle range of motion. It was noted that the injured worker had right ankle tenderness to palpation over the ankle region. The injured worker's diagnoses included fractured foot and lymphadema. The injured worker's treatment plan included additional physical therapy, an MRI, Voltaren gel, and an H-wave device. It was noted that the injured worker had been using H-wave during physical therapy, which provided considerable pain relief. The progress note dated 10/03/2013 noted that the injured worker had failed to respond to physical therapy, medications, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH TRIAL OF H-WAVE STIMULATION: 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 (HWT) Page(s): 116.

Decision rationale: The 3 months trial of H-wave stimulation is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints that have failed to respond to conservative therapy to include physical therapy, medications, and a TENS unit. The California Medical Treatment Utilization Schedule recommends a 30 day trial of H-wave stimulation as an adjunct therapy to an active restoration program. The clinical documentation submitted for review does indicate that the injured worker has used an H-wave unit in physical therapy with good result. However, there is no documentation of a 30 day home trial of this treatment modality. Therefore, a 3 month trial would not be supported. Additionally, the request as it is submitted does not contain a body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 3 month trial of H-wave stimulation is not medically necessary or appropriate.

DANCER SESAMOID PADS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested durable medical equipment is not supported, ancillary supplies would also not be supported.