

Case Number:	CM13-0046472		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2012
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in Michigan, New England, 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 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 51-year-old male who reported an injury on 07/13/2012. The mechanism of injury was not provided. There was no physical examination included in the submitted documentation. The patient's diagnoses were noted to include ankle, foot, and leg joint derangement. The request was made for a home H-wave device, an x-ray, and an MRI of the ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave Unit; Left Ankle: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based 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).

The clinical documentation submitted for review failed to provide an objective physical examination to support the request. The submitted request failed to indicate whether the request was for a rental or a purchase. Additionally, there was lack of documentation indicating the patient would be using the device as an adjunct to a program of evidence-based restoration and indicating the patient had an initial failure of conservative care including physical therapy and medications and had trialed transcutaneous electrical nerve stimulation and failed that as well. Given the above, the request for 1 H-Wave Unit for Left Ankle is not medically necessary.

X-ray; Left Ankle and Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: ACOEM Guidelines indicate that special studies and diagnostic and treatment considerations are not needed until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the conservative care and observation, as well as whether the patient had prior plain films or not as the injury was noted to have been in 2012. Given the above, the request for 1 X-ray of the Left Ankle and Foot is not medically necessary.

MRI; Left Ankle and Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: ACOEM Guidelines indicate that special studies and diagnostic and treatment considerations are not needed until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of the conservative care and observation, as well as whether the patient had prior plain films or lower levels of imaging, as the injury was noted to have been in 2012. Given the above, the request for 1 MRI of the left Ankle and Foot is not medically necessary.