

Case Number:	CM13-0049078		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2011
Decision Date:	03/24/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/07/2013

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 Practice 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 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:

This is a 61 year old woman who reported an injury on 01/23/11. In the clinical note of 12/05/2013, the patient reported that she slipped, fell at work injuring her right ankle and bilateral knees, then subsequently at a different time she injured her left and right foot, and right shoulder during a motor vehicle accident. The patient has had x-rays and an MRI of the right ankle and both knees which were ordered by [REDACTED]. The x-ray and MRI study were not included in the submitted documentation. The patient's current medication list as of 07/05/13 included Cholesterol and Hypertension medication, Insulin, Metformin, Thyroid and Tylenol Caplet Extra Strength. The physical exam indicates acute pain to palpation to the right talar dome, heel and toe ambulation is impossible due to pain, and right ankle instability once the brace has been removed. Squatting was carried out without difficulty on arising or descending, muscle testing lower extremities bilaterally showed 4/5 strength of the left knee and right ankle. Straight leg raises are negative, and deep tendon reflexes are 2+ and symmetrical at the knees and ankles bilaterally. Sensation is also preserved in the L2-S1 dermatomes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a one-month trial rental of H-Wave device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on H-wave.

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

Decision rationale: CA MTUS states, an H-wave device can be useful for pain management and they are most successfully used as a tool in combination with functional improvement. It is not recommended as an isolated intervention, but 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). The patient has participated in physical therapy, but progress has been slow, and the patient has not been willing to use medications to minimize discomfort or inflammation. The documentation provided failed to indicate the patient has failed other conservative measures to address her pain to include medications and a TENS unit as needed to meet guideline criteria. Therefore this request is non-certified.