

Case Number:	CM13-0049817		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2008
Decision Date:	03/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/08/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 33 year-old with a date of injury of 1/22/08. A progress report associated with the request for services, dated 8/4/13, identified subjective complaints of pain in the right foot and ankle affecting activities of daily living and work requirements. Objective findings included tenderness of the ankle and 1+ edema. There was evidence of impingement with range-of-motion. Diagnoses included status post navicular fusion, anterior impingement lesion of the right ankle, and dorsal spur. Treatment has included orthotics, injections, physical therapy, and oral medications, including NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

retroactive request for a 30 day trial of a TENS unit for the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The MTUS/ACOEM guidelines state that physical modalities such as transcutaneous electrical neurostimulators (TENS) have no scientifically proven efficacy in treating ankle of foot symptoms. The guidelines further state that a one month trial may be

appropriate for neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS) II, spasticity, and multiple sclerosis. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. There is no data supporting benefit of TENS for the foot and ankle. Therefore, the request is noncertified.

retroactive request for the purchase of an H-wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

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

Decision rationale: H-wave therapy is a type of transcutaneous electrotherapy, similar to TENS, but with different electrical specifications. The MTUS guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial may be considered for diabetic neuropathy or chronic soft tissue inflammation following failure of initially recommended conservative care, including physical therapy, medications, and TENS. A recent low quality meta-analysis concluded that H-wave therapy had a moderate to strong effect in providing pain relief, reducing the requirement for medication, and increasing functionality. In this case, conservative therapy has been attempted. However, the request is to purchase a home unit. The record lacks documentation of a prior successful one-month trial. Therefore, there is no documented medical necessity for the purchase of an H-wave therapy unit.