

Case Number:	CM13-0055699		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2003
Decision Date:	03/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 50-year-old female who reported a work injury on 03/25/2003. The mechanism of injury was not included in the medical records. The medical record dated 07/16/2013 indicated that the patient complained of left foot pain, with left hip and bilateral knee pain with left foot pain. The patient complains of increasing first and second interspaces pain. The patient had a positive metacarpal compression test in the area, with pain and numbness. The current treatment plan included an injection of depo-medrol into the first web space of the left foot. The patient has a history of left foot injections in the second and third interspace neuroma, with noted good success. An MRI of the left foot notes a 2nd metatarsophalangeal planter plate injury including disruption of the medial planter plate, tear of the medial collateral ligament and superior subluxation/early dislocation of the joint. Surrounding soft tissue edema is present. There was mild tenosynovitis of the otherwise intact, but mildly laterally sub hexed flexor digitorum longus/brevis tendons of the 2nd toe.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave trial times thirty (30) days for the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

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

Decision rationale: The patient has a history of left foot pain, with a history of injections noted to be effective. The patient's left foot is note to be painful at the ball of her foot, with curving of the 2nd toe with balance issues. The Chronic Pain 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 and medications, plus transcutaneous electrical nerve stimulation (TENS) trial periods of more than one (1) month. This should be justified by documentation submitted for review. There was no conservative treatments including medications, therapy, or failed treatments included in the medical records. Therefore, the request for the H-wave trail for thirty (30) days for the left foot is non-certified.