

Case Number:	CM13-0063808		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2010
Decision Date:	05/20/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine 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 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 applicant has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury as of August 18, 2010. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; 40 sessions of physical therapy; two prior foot and ankle surgeries; six corticosteroid injections; and extensive periods of time off of work. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for purchase of an H-Wave home care system, stating that there is no evidence that the applicant had had a successful trial of the same. The applicant's attorney subsequently appealed. An earlier November 1, 2013 progress note is notable for comments that the applicant reported persistent 2-7/10 foot and ankle pain. The applicant was reportedly unemployed at this point. The applicant is having issues with allodynia about the leg. It was stated that the applicant might have chronic regional pain syndrome. The applicant was reportedly doing home exercises and stated that his pain was better with rest and medications, including Norco and Motrin. The applicant exhibited an antalgic gait with well-healed surgical incision sites. Permanent work restrictions were endorsed, along with prescriptions for Norco and Elavil. The applicant was instructed to perform home exercises. In a later handwritten note of January 17, 2014, the attending provider stated that the applicant had reported improvement with Norco, rest, and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT FOR THE RIGHT ANKLE FOR DATE OF SERVICE 9/13/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 117-119.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, trial periods of longer than one month or purchase of the H-Wave device should be predicated on evidence of favorable outcomes in terms of pain relief and functioning with an earlier one month trial of the same. In this case, however, there is no clear evidence that the applicant has in fact completed a successful one-month trial of the H-Wave device in question. It is further noted, the MTUS Chronic Pain Medical Treatment Guidelines suggests that an H-Wave trial should only be considered in applicants with chronic soft tissue inflammation or diabetic neuropathic pain in whom other appropriate treatments, including analgesic medications, physical therapy, home exercise, and a conventional transcutaneous electrical nerve stimulation (TENS) unit have been tried and/or failed. In this case, however, the applicant's treatment provider wrote on a January 17, 2014 office visit that the applicant was responding favorably to Norco, an oral medication, and a conventional TENS unit. The applicant has also apparently transitioned to home exercise program. All of the above, taken together, argue against the need for the H-Wave system purchase. As such, the request is not certified.