

Case Number:	CM13-0068021		
Date Assigned:	01/24/2014	Date of Injury:	01/23/2013
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 58-year-old female who was injured on January 23, 2013. The patient continued to experience pain in her right first metatarsophalangeal joint. The patient suffered a fracture and underwent joint metatarsal phalangeal joint implantation on June 4, 2013. Physical examination was notable for limited dorsiflexion. Diagnosis was degenerative joint disease with first metatarsophalangeal joint metatarsalgia and mild capsulitis. Treatment included physical therapy, cortisone injections, home exercises, and medications. Requests for authorization for physical therapy right foot eight sessions and DME H-wave machine were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 RIGHT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 199.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: The post-surgical physical therapy for hallux valgus surgery is 9 treatments over 8 weeks with a postsurgical physical medicine treatment period of 4 months. In this case the

patient had physical therapy twice weekly for at least three weeks. With the additional number of visits requested, the total number of visits will surpass the recommended number of postsurgical treatments. In addition the request is past the recommended postsurgical treatment period. Medical necessity has not been established. The request should not be authorized.

DME H-WAVE MACHINE: 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 PAIN INTERVENTIONS AND GUIDELINES Page(s): 117.

Decision rationale: The request for H-wave stimulation (HWT) 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). In this case there is no documentation all other therapies have failed. The patient was receiving relief from the cortisone injections. There is no documentation of a trial with a TENS unit. Medical necessity has not been established. The request should not be authorized.