

Case Number:	CM13-0068838		
Date Assigned:	01/03/2014	Date of Injury:	06/03/2013
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 59 year old female who was injured on 06/03/2013 when she twisted her ankle on an uneven area of the sidewalk and heard a pop. Prior treatment history has included crutches, cast boot, 9 sessions of physical therapy, ankle high TED hose, and x-rays of the left ankle showing a healed medial malleolus fracture. Medications include Metformin, Lorazepam, Amlodipine, Lovenox, Glipizide and Coumadin 5 mg per day. She was given pain medication but it made her sick. Diagnostic studies reviewed include MRI of the left ankle dated 07/31/2013 with the following impression: 1. Lateral malleolus: Probable subacute nondisplaced avulsion fracture. 2. Tibiotalar joint: Small joint effusion. 3. Peroneus brevis: Mild to moderate Tendinosis. 4. Plantar intrinsic foot muscles: Mild to moderate diffuse muscular strain. Ultrasound venous duplex left extremity dated 07/31/2013 impression: 1. Left lower extremity DVT with nonconclusive clot; left common femoral vein, proximal, mid, and distal superficial femoral vein, popliteal vein and anterior tibial vein. 2. Left lower extremity DVT with occlusive clot in the left posterior tibial veins. Progress note 10/08/2013 documented the patient to have complaints that her toes on her left foot are numb. There is continued swelling of the ankle and foot and continued slight to moderate pain. The patient is unable to bear full weight on the leg because of pain. She states that pain and swelling in the left foot and ankle disrupt sleep. Objective findings on exam included the patient presented with crutches and a cast boot. She also was wearing an ankle high TED. Examination of the left knee was unremarkable. There was no tenderness and the patient had full range of motion of the knee. The left knee was stable. I was unable to perform McMurray's maneuver because of pain in the left leg and ankle. Color and temperature in the right and left feet were symmetric. Skin texture was normal with no evidence of trophic changes in the skin. There were no toenail changes. There was slight to moderate swelling over the left ankle and distal left leg. There was tenderness in the left calf over the distal

leg and over the ankle. Right ankle dorsiflexion was 5 degrees and plantar flexion was 30 degrees. The patient was able to easily move her toes in flexion and extension. Sensation was diminished over the tops of toes 1 through 5. Calf circumferences were 35 cm on the right and 36 cm on the left, measured at the widest portion. PR-2 dated 11/27/2013 documented the patient stating that therapy and H-Wave are very helpful. The remainder is illegible. Objective findings on exam included a left limp with a cane. Left foot is numb, cool and red. Remainder illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 SESSIONS OF PHYSICAL THERAPY FOR LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Official Disability Guidelines: Ankle Chapt.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The CA MTUS Physical Medicine guidelines recommend: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks According to the 11/27/13 medical report, the patient had reported physical therapy has been helpful. However, details regarding the total number of physical therapy sessions completed, the specific protocol rendered, and documentation identifying functional improvement as a result of rendered physical therapy is not demonstrated. Medical records do not establish that additional supervised physical therapy would be deemed medicine necessary at this point in time. It is reasonable that at this juncture, the patient should be versed in an independent home exercise program with which to utilize to continue functional gains.

H-WAVE DEVICE FOR LEFT ANKLE/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 stimulation (HWT), TENS, Chronic pain (transcutaneous electrical nerve stimulation) Page(.

Decision rationale: The guidelines state 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 medical records do not establish this patient has neither diabetic neuropathic pain nor chronic soft tissue inflammation. Furthermore, the records do not demonstrate failure of

recommended conservative care. The 11/27/13 indicates use of an H-wave, however, the medical records do not substantiate she had obtained relevant clinically significant benefit with use of this product, such as clear reduction in medication use, improved pain control, increased function, improved objective findings attributable to the device is not demonstrated. The medical necessity of an H-wave is not established