

Case Number:	CM14-0008336		
Date Assigned:	02/21/2014	Date of Injury:	07/27/2011
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 49-year-old female with a date of injury of July 27, 2011. A mechanism of injury is not disclosed. A progress report dated December 30, 2013 is provided for review in support of the above noted request indicating that the claimant presents for follow-up regarding the right ankle and is approximately 6 weeks out from right ankle arthroscopy. The record notes the claimant is doing well and has completed 9 sessions of physical therapy. Home exercise program is continued. The record indicates that there is no pharmacotherapy being utilized. A slight aggravation in the posterior right ankle pain is noted within the prior 4 days. This is described as a "minimal" complaint with no swelling with noted improvement in the last few days. The claimant is full weight bearing. The previous complaints for the right knee are only periodic and noted to be mild. Anterior knee aching pain. Physical examination reveals tenderness about the lateral hindfoot overlying the previous lateral incision. Active range of motion reported is 12° of dorsiflexion, 40° of plantar flexion, 25°, inversion, and 20°, and eversion. No instability is reported. Examination of the right knee reveals full active range of motion and no instability. Meniscus signs are negative. The diagnosis noted is status post right ankle arthroscopic debridement and excision of an os Trigonum, and right knee patellofemoral pain and chondromalacia. The treatment recommendation is for continued physical therapy, regular home exercise program, over-the-counter Advil with gastrointestinal(G.I.) precautions, ice, and elevation as needed for swelling, and follow-up in 6 weeks. The medical record includes two requests for an H wave unit, one is dated December 19, 2013, and the other is dated December 30, 2013. A preceding progress note dated November 25, 2013 reviews the claimant's clinical signs and symptoms, and notes no problems noted indicating a routine in uncomplicated postoperative recovery. A prior review for this request resulted and a recommendation for non-certification on January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT 30 DAYS TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 117

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 117

Decision rationale: California Medical Treatment Utilization Schedule guidelines support an H-wave stimulator trial in select clinical settings of 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 the initial recommended course of conservative care including physical therapy, pharmacotherapy, and transcutaneous electrical nerve stimulation (TENS). The two most recent clinical encounter notes indicate a fairly routine postop recovery with no complications noted, and with noted improvement. There is no indication that the claimant is experiencing a chronic pain syndrome resulting from chronic soft tissue inflammation, and the record does not provide sufficient evidence that all conservative care has been exhausted, as a notation is made on the most recent progress note provided that the claimant is currently on no medications. Based on the clinical data provided, there is insufficient documentation to substantiate the medical necessity of this request, for the claimant's diagnosis. Therefore, this request is not medically necessary.