MAXIMUS Federal Services

Case Number:	CM14-0101599		
Date Assigned:	09/24/2014	Date of Injury:	10/20/2010
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family 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:

This is a 40-year-old male patient who reported an industrial injury on 10/20/2010, four (4) years ago, attributed to the performance of his usual and customary job tasks. The patient reported improvement to the left foot and ankle following extensive ankle surgery with arthroscopic debridement and lateral ankle stabilization. The patient reported residual pain 2/10. The objective findings on examination included moderate tenderness to the lateral aspect of the left ankle in the area of the inferior lateral gutter with one plus edema; surgical site healing well; decrease in inversion in the left subtalar joint at 5-20; patient has decreased pinprick sensation to the dorsal lateral aspect of the left foot in the superficial peroneal nerve distribution. The diagnosis was status post left ankle arthrotomy with micro fracturing of the osteochondral defect, repair of ruptured peroneus brevis tendon 8/24/2012. The patient was documented to received 30 sessions of postoperative rehabilitation PT. The treatment plan included the purchase of an H wave muscle stimulator for home use directed to the postoperative left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-Wave Device - purchase for 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 stimulation Page(s): 117-118.

Decision rationale: Treatment of the back with H-wave is not supported with objective evidence and is not consistent with recommendations of the CA MTUS. The CA MTUS only recommends a 30-day trial of treatment with an H-wave devise for "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 (Julka, 1998) (Kumar, 1997) (Kumar, 1998), 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)." There are no evidence-based guideline recommendations for the H wave muscle stimulator for rehabilitation. The patient's foot pain is being evaluated and treated orthopedically. There is no demonstrated medical necessity for the use of the H wave muscle stimulator four (4) years status post date of injury and subsequent to the left foot surgical intervention. There was no prior use of a TENS unit documented. The provider did not provide subjective/objective evidence to support the medical necessity of the H-wave Unit for the treatment of the patient's pain issues over the recommended participation in a self-directed home exercise program. There is no documentation of failed conservative care; chronic soft tissue inflammation; diabetic neuropathic pain; or participation in HEP. There is no provided functional improvement documented by the requesting provider and there is no objective evidence provided that the use of the H-wave muscle stimulator is medically necessary over a self-directed home exercise program. It is not clear that the requested H-Wave device would be used as an adjunct to a program of functional restoration or that ongoing conservative care. The patient does not meet the criteria recommended by evidence-based guidelines for the use of H-wave devices for the treatment of the postoperative foot pain. The treatment of chronic foot and ankle pain with H-wave stimulation is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines. There is no objective evidence provided to support the medical necessity of H-wave stimulator over a TENS unit or a self-directed home exercise program. The CA MTUS recommends the H-wave unit for the treatment of diabetic neuropathic pain and not for subacute muscle strains. The ACOEM Guidelines state there is "insufficient evidence" to support the use of the H-wave stimulator for treatment of acute or chronic pain. The requested DME is not directed to a diabetic neuropathy or a chronic soft tissue inflammation as recommended by the CA MTUS or the Official Disability Guidelines. The medical documentation submitted demonstrates that the patient does not meet the criteria recommended by evidence-based guidelines for the use of H-wave devices. The use of the H-wave muscle stimulator unit for treatment of chronic foot and ankle pain is not consistent with the applicable guidelines and is not demonstrated to be medically necessary.