MAXIMUS Federal Services

Case Number:	CM14-0011083		
Date Assigned:	02/21/2014	Date of Injury:	02/16/2010
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old female injured on 02/16/10 when a client caused injury to the bilateral feet with a wheelchair. Current diagnoses include chronic left foot pain secondary to crush injury, left foot complex regional pain syndrome, depression, and opioid induced constipation. Prior treatments include physical therapy, acupuncture, biofeedback, aqua therapy, injections, TENS unit, H-wave unit, and medication management. The clinical note dated 03/05/14 indicates the injured worker presented reporting an increase in pain and swelling since the previous office visit. The injured worker reports average pain is 7/10 with frequent escalation to 9/10. The injured worker describes feeling of tingling sensation along with burning pain in the left foot. The injured worker reports following discontinuation of H-wave, she has experienced increased swelling in the left foot causing increased pain. The documentation indicates the injured worker underwent a trial of TENS unit in October of 2011 with some improvement; however, trial of H-wave unit reduced swelling and provided significant pain relief of approximately 50% with increased functional improvement and decreased medication use. Physical examination revealed antalgic gait with the use of a cane, left foot is bluish and discolored with varicosities, cold to touch, moderate tenderness over the left 3rd and 4th metatarsal heads, muscle spasm present, and hyperalgesia to the left foot, moderate swelling to the left foot and lower leg, and skin integrity is intact. Medications include Nucynta ER 100mg 2 tabs every 12 hours, Methadone 5mg every 6 hours, Flexeril 10mg 3 times a day, Amitiza 24mcg twice a day, and Lidocaine 10%. The initial request for H-wave unit was initially non-certified on 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE UNIT PURCHASE QTY: 1.00: Overturned

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, TRANSCUTANEOUS ELECTROTHERAPY, 114-121

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117.

Decision rationale: As noted on page 117 of the Chronic Pain Medical Treatment Guidelines, 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). The documentation indicates the injured worker underwent trial with 50% reduction in pain and significant functional improvement. The injured worker also reported a decrease in swelling and medication use. As such, the request for H-Wave Unit Purchase Quantity: 1.00 is medically necessary.