MAXIMUS Federal Services

Case Number:	CM14-0012409		
Date Assigned:	02/21/2014	Date of Injury:	05/22/2013
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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 male who has submitted a claim for right ankle fracture, calcaneus closed associated with an industrial injury date of 05/22/2013. Medical records from 08/12/2013 to 02/17/2014 were reviewed and showed that patient complained of right ankle pain graded 3-8/10 with activity. Minimal pain was reported at rest. There was associated hyperesthesia with ankle pain. Physical examination revealed swelling, erythema of the right ankle. Limited right ankle ROM and ankle motor strength of 3/5 was noted. MRI of the right ankle dated 01/07/2013 revealed a partial tear or tendinopathy of the distal 3-4 cm of the Achilles tendon and deformity of the calcaneus secondary to previous fracture. CT scan of the right ankle and hindfoot dated 08/28/2013 revealed interval healing of the calcaneal fracture, severe osteoporotic changes, and likely stress fracture at the posterior aspect of the calcaneus. X-ray of the right foot dated 08/12/2013 revealed severe disuse osteoporosis and healed calcaneal fracture. CT scan of the right ankle and foot dated 05/29/2013 revealed comminuted intra-articular calcaneal fracture with extension into the subtalar joint. X-ray of the right ankle dated 05/22/2013 revealed comminuted non-displaced fracture at the body of calcaneus and soft tissue swelling over the medial and lateral malleolus. Treatment to date has included ankle boot, crutches, physical therapy, aquatic therapy and pain medications. Utilization review, dated 01/16/2014, denied the request for H-wave device rental for 1 month because the TENS treatment received was not indicative of a thorough trial use of the modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE DEVICE, RENTAL FOR 1 MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home H-Wave Page(s): 117-120.

Decision rationale: According to pages 117-120 of CA MTUS Chronic Pain Treatment Guidelines, H-Wave stimulation is not recommended as a primary treatment modality, but a one-month home-based H-Wave stimulation trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation. It should be 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). A one-month trial period of the H-wave stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient was noted to be non-compliant with prescribed functional restoration program and received inadequate trial of TENS treatment. However, the guidelines do not recommend H-wave as solitary mode of treatment. Body part to be treated is likewise not specified. Therefore, the request for h-wave device, rental for 1 month is not medically necessary.