

Case Number:	CM14-0015206		
Date Assigned:	04/09/2014	Date of Injury:	03/15/2012
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 23-year-old male who sustained an injury to his left foot on 3/15/2012. As a result of the injury a partial amputation of the forefoot including great toe and second toe was performed. The patient has pain in the foot with prolonged standing and walking and he is having problems sleeping at night due to the pain. He is taking no medication. An MRI (magnetic resonance imaging) scan of the left ankle revealed a chronic ligament strain and degenerative changes of the ankle joint. A 30 day trial using an H wave device was instituted. In early report signed by the patient indicated that the device did not provide any relief or benefit. However, a later survey indicated that the patient had a 40% improvement in pain and that he was able to sleep longer, walk further and sit longer. Unfortunately, the survey was a list of closed and questions designed to provide a positive response.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME H-WAVE DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section H-wave stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous electrical nerve stimulation (TENS) unit(s) Page(s): 114-115.

Decision rationale: According to MTUS, transcutaneous electric nerve stimulation (TENS) unit is not recommended as a primary treatment modality but a one month home-based TENS trial may be considered as a noninvasive conservative option, if he used as an adjunct to a program of evidence-based functional restoration for the conditions listed below. Those conditions include complex regional pain syndrome (CRPS) 1 and 2, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. There is no documentation in the chart as to what type of pain the patient has whether it is phantom limb pain or neuropathic pain or due to some other cause. In addition, there is no documentation that the patient is on an evidence-based functional restoration plan. Therefore, due to the lack of appropriate documentation, the medical necessity of purchasing an H wave device has not been established.