

Case Number:	CM14-0017888		
Date Assigned:	04/16/2014	Date of Injury:	06/10/2013
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 29-year-old male who reported an injury on 6/10/13. The mechanism of injury was not provided for review. The current diagnoses include complete rupture of the anterior talofibular ligament with grade 2 calcaneal fibular ligament tear, left ankle sprain, and status post repair of the anterior talofibular ligament with Brostrom lateral ankle stabilization. The latest physician progress report submitted for this review is dated 3/24/14. The injured worker reported an improvement in symptoms following surgery. The injured worker was currently participating in postoperative physical therapy with improvement. Physical examination revealed slight numbness overlying the incision with tenderness to palpation along the course of the posterior tibial tendon. Treatment recommendations at that time included authorization for functional foot orthotics and a prescription for Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF AN H-WAVE: 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, ,

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, , 117-121

Decision rationale: The California MTUS Guidelines state H-wave stimulation is not recommended as an isolated intervention, but a one month home-based trial may be considered as a non-invasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care. There is no documentation of a failure to respond to physical therapy, medications, and TENS therapy. The total duration of treatment was also not specified in the request. As such, the request is not medically necessary.