MAXIMUS Federal Services

Case Number:	CM14-0018083		
Date Assigned:	04/16/2014	Date of Injury:	01/08/2013
Decision Date:	06/03/2014	UR Denial Date:	02/06/2014
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 Family Medicine, 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:

Patient is a 25-year-old with a date of injury on January 8, 2013. Patient has been treated for ongoing symptoms in his right ankle. Subjective complaints are of right ankle and right knee pain, that had been improving with physical therapy and cortisone injection. Documentation indicates the patient had returned to work and resumed running. A current physical exam is not recorded in the submitted documentation. MRI of the right ankle reveals a complete tear of the anterior talofibular ligament. MRI of the right knee was normal. Prior treatments include physical therapy, TENS (Transcutaneous Electrical Nerve Stimulation) unit and H-wave therapy, cortisone injections, and medications. Documentation states patient has used a TENS in a clinic setting without benefit. A trial of a home H-wave unit was reported to give relief and the ability to be more functional. Most recent records do not indicate any ongoing deficit related to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-WAVE FOR PURCHASE FOR THE RIGHT ANKLE: 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 Page(s): 117.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend H-Wave 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. H-wave should be used only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). For this patient, there is no evidence of prior home trial of TENS. Guidelines clearly indicate a consideration for H-Wave only if the above criteria have been met. Furthermore, the documentation indicates that the patient has resumed running and has returned to work, without any ongoing ankle deficits noted. Therefore, the request for H-Wave purchase for the right knee is not medically necessary or appropriate.