

Case Number:	CM14-0124952		
Date Assigned:	08/11/2014	Date of Injury:	11/08/2013
Decision Date:	10/06/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 injured worker is a 35 year old male injured on 11/08/13. Due to using the left foot in an awkward way to secure the latches to ensure the fuel stand would not move. The injured worker began to experience sharp pain in his left foot. Treatment for the injured worker includes physical therapy, x-rays, and medication. The injured worker was then placed on modified duty with restrictions in January of 2014 and continues to work fueling 6-7 aircrafts per day, but prior was performing 10-13 aircrafts per day. X-ray of the left foot dated 05/21/14 unremarkable foot study. The most recent medical record submitted for review is dated 05/15/14. The injured worker complains of left foot pain that is present all the time. There is no numbness or tingling in his foot and denies radiation of pain. Pain increases with prolonged standing or walking. He notes that he wears an air support for his left foot on a daily basis. The injured worker has difficulty with prolonged standing and walking at a store or walking on a street for exercise more than 30 minutes. The injured worker has pain when walking, ascending or descending stairs, or bending the foot. The injured worker states that he is in fear of lifting and carrying his baby because he feels that he will lose his balance due to his left foot pain. The injured worker suffers from depression because of the inability to function as before and he is afraid that his left foot will not get any better. The injured worker claims that he experiences stress, anxiety, and frustration because of the pain. The injured worker has normal strength in the left foot. There is edema in the sole of the foot compared to the right foot exam. Diagnoses left foot strain possibly secondary to tendinopathy, insomnia, and depression secondary to industrial injury. Prior utilization review on 07/21/14 was non-certified. Current request is for H-Wave, 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave, 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-116.

Decision rationale: The request for H-Wave, 30 day trial is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical information that indicates that the injured worker has failed conservative treatment consisting of physical therapy and medication (AED's). Therefore medical necessity has not been established.