

Case Number:	CM14-0026180		
Date Assigned:	06/16/2014	Date of Injury:	07/16/2010
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 51 year old male with date of injury 7/16/10. The treating physician report dated 6/19/14 indicates that the patient presents with neuropathic pain affecting the right foot, toes and calf. The current diagnoses are: 1. Status post crush injury to the right foot with multiple fractures of the 1st, 2nd and 3rd digits of the right foot; 2. Status post removal of fracture fragments; 3. Status post condylectomy of the first metatarsal joint; 4. Nonunion of attempted fusion of the right hallux; 5. Diabetes. The utilization review report dated 2/19/14 denied the request for H- Wave stimulator rental for 3 months and authorized a one-month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF HIGH FREQUENCY WAVE STIMULATOR (H-WAVE STIMULATOR) UNIT RENTAL FOR THREE MONTHS: 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 Stimulation (HWT) Page(s): 117, 118.

Decision rationale: The patient presents with chronic neuropathic right lower extremity pain. The current request is for a trial of high frequency wave stimulator (H-Wave Stimulator) unit rental for 3 months. The treating physician report dated 6/19/14 is the only report provided for review. This report does not request an H-Wave 3 month rental. The only request in this report is for a topical cream. The utilization review report dated 2/19/14 states that a 30-day trial of H-Wave was authorized as a modification to the 3-month trial. The MTUS Guidelines support a 30-day trial for neuropathic pain. A 30-day trial appears to have been authorized on 2/19/14 and a 3-month trial is not supported in MTUS. Therefore, a 3-month trial of H-Wave Stimulator is not medically necessary and appropriate.