

Case Number:	CM14-0028579		
Date Assigned:	06/16/2014	Date of Injury:	10/19/2013
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 Neurological Surgery, 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 39-year-old male who was injured on 10/19/13. The mechanism of injury was falling from a roof to the ground. The most recent progress note, dated 1/29/14, and letter for reconsideration, dated 3/4/14, indicated that there were ongoing complaints of lower leg pain and swelling. The physical examination states the injured employee has continuing complaints of pain, exhibits impaired range of motion (but no range of motion listed), and exhibits impaired activities of daily living (but again does not specify what those activities are). X-rays of the right tibia fibula, dated 10/23/13, showed status post open reduction internal fixation with positioning of the right tibial, intramedullary rod extending across the mid to lower third tibial fracture. X-rays of the right ankle, dated 10/20/13, documented mild flattening of the talus of age-indeterminate etiology, extensive lateral malleolar soft tissue swelling, well corticated 4 mm bony fragment along the left lateral malleolus. Previous treatment included surgery of the right lower leg (open reduction internal fixation), medications, thrombo-embolic disease (TED) hose, physical therapy, and transcutaneous electrical nerve stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME H WAVE DEVICE FOR ONE MONTH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: H-wave stimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence based functional restoration and only following failure of initially recommended conservative care, including physical therapy, medications and tens unit. A one-month trial of H wave stimulation is appropriate to permit the physician or provider licensed to provide physical therapy to study the effects and benefits. It should be well documented as to how often the unit was used, as well as outcomes, terms of pain, and relief of function. There is no objectification of any increased functionality or improved range of motion, decreased use of pain medications, ability to return to work or any other objective measure to support the continued use of this device. Based on the medical records there is insufficient clinical data to support this request. This is not medically necessary.