MAXIMUS Federal Services

Case Number:	CM14-0036710		
Date Assigned:	06/25/2014	Date of Injury:	01/23/2013
Decision Date:	08/13/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 59-year-old female who was reportedly injured on January 23, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of pain at the dorsal aspect of her right foot. The physical examination demonstrated pain and decreased dorsiflexion of the first metatarsal phalangeal joint with pain on the dorsal aspect. Diagnostic imaging studies reported degenerative joint disease with an implant of the first metatarsophalangeal joint of the right foot. Previous treatment includes replacement of the first metatarsal phalangeal joint on June 4, 2013. A request had been made for rental of an H wave unit and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Home H-Wave Unit times 6 months for the right foot: 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 MTUS Chronic Pain Page(s): 117.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an H wave stimulator is only indicated following the failure of initially recommended conservative care including recommended therapy, medications, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. The most recent progress note dated March 12, 2014, recommends continued therapy in addition to the recommendation for the use of a tens unit. Also there is no documentation that the injured employee has failed to respond to the use of a TENS unit. For these reasons this request for the rental of a home H wave unit for six months for the right foot is not medically necessary.