MAXIMUS Federal Services

Case Number:	CM14-0043490		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2011
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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 and is licensed to practice in Illinois. 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 33-year-old female who reported an injury on 06/09/2011. The mechanism of injury was not stated. Current diagnoses include right ankle instability and left knee chondromalacia. The injured worker was evaluated on 03/03/2014 with complaints of right ankle pain. It is noted that the injured worker was 3 months status post right ankle arthroscopy and was participating in physical therapy without improvement. The injured worker has completed 12 sessions of physical therapy with regard to the right ankle. Physical examination revealed no acute distress, mild swelling of the right ankle, tenderness to palpation, a normal gait, 50% of normal range of motion, intact sensation, and intact strength. Treatment recommendations included a 30 day home trial of an H-Wave device as part of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home use evaluation H-Wave device: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation Page(s): 117-121.

Decision rationale: California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention but a 1 month home based trial may be considered as a non-invasive conservative option. H-Wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative treatment, including physical therapy, medications, and TENS (Transcutaneous Electric Nerve Stimulation) therapy. As per the documentation submitted, the injured worker has failed to respond to previous conservative treatment, including medication, physical therapy, and TENS (Transcutaneous Electric Nerve Stimulation) therapy. Physical examination does reveal tenderness to palpation, limited range of motion, and mild swelling. Given the injured worker's persistent symptoms despite conservative treatment and positive physical examination findings, the current request can be determined as medically appropriate. The requesting provider does note that the injured worker will utilize the H-Wave device as part of a functional restoration program. The request for a 1 month evaluation does fall within Guideline recommendations for a 30 day trial. Based on the clinical information received and the above mentioned guidelines, the request for One month home use evaluation H-Wave device is medically necessary and appropriate.