

Case Number:	CM14-0049264		
Date Assigned:	07/02/2014	Date of Injury:	08/28/2001
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 54-year-old female with a date of injury of August 8, 2001. The listed diagnosis per [REDACTED] is plantar fasciitis bilateral -flareup. According to progress on February 18, 2014 by [REDACTED] the patient presents with bilateral heel pain. The patient rates her pain as 5/10 on a pain scale. Treatment history includes NSAIDs (non-steroidal anti-inflammatory drugs) and orthotics. The patient relates 0% improvement and states the pain is getting worse. Examination revealed palpable tenderness at plantar medial aspect of heel extending distally into the arch and pain to palpation of the plantar medial heel. The treater recommended patient continue stretching, icing, orthotics, contrast soaks, and home H-wave therapy. The treater reports due to the increase in foot pain, he is recommending continued use of the H-wave for home use. He is requesting H-wave and needed supplies. Utilization review denied the request on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

An H-Wave multi-functional stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Electrical Stimulators (E-stim).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: This patient presents with bilateral heel pain. The treater is recommending continuation of H-wave unit for home use. According to the Chronic Pain Medical Treatment Guidelines, H-wave is not recommended as an isolated intervention but a 1-month home-based trial of H-wave stimulation may be considered as non-invasive conservative option for diabetic neuropathic pain or 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, medication, and TENS unit. The Chronic Pain Medical Treatment Guidelines further states those trial periods of more than 1-month should be justified by documentation submitted for review. The medical file provided for review includes 4 progress reports. In this case, there is no documentation provided in the progress reports that indicates H-wave was helpful in terms of pain and function. In fact, the patient reports zero percent improvement and notes the pain is getting worse. The request for an H-Wave multi-functional stimulator is not medically necessary or appropriate.

Electrodes, nine packs of four (36 count), times three month supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.

Three bottles of Ultra Gel, times three months supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.

Two lead wires, times three months supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117, 118.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.