

Case Number:	CM14-0087973		
Date Assigned:	07/23/2014	Date of Injury:	11/04/2013
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation, 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 45-year-old male who reported an injury on 11/04/2013. It was reported when a piece of metal fell on the injured worker's left foot. The diagnoses included acute trauma, fracture of the 1st, 2nd, and 3rd digits distal phalanx, crush injury involving toes, neurapraxia involving left foot. Previous treatments include X-Rays, immobilization, medication, and physical therapy. In the clinical note dated 06/06/2014, it was reported the injured worker complained of pain and swelling of the left foot and ankle. Upon physical examination, the provider noted laceration/ulcerative tissue 1st digit, now resolved with treatment. The provider noted pain was still present in the ankle rear foot and midfoot with motion and direct palpation. The provider requested for additional physical therapy and H-wave unit; however, the rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 (8): 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 Physical Therapy Page(s): 98-99.

Decision rationale: The request for Physical Therapy 2 x 4 (8 sessions) is not medically necessary. The injured worker complained of pain and swelling of the left foot and ankle. The California MTUS Guidelines state that physical medicine with passive therapy can provide short-term relief during the early phase of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a minimal of 9 to 10 visits for myalgia and myositis, 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. There is lack of documentation indicating the efficacy of the previous physical therapy the injured worker has had. The injured worker has undergone 9 sessions of physical therapy. The request submitted of 8 additional sessions exceeds the guideline recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.

H-Wave Unit: 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 Page(s): 117-118.

Decision rationale: The request for H-Wave unit is not medically necessary. The injured worker complained of pain and swelling to the left foot and ankle. The California MTUS Guidelines do not recommend the H-Wave unit as an isolated intervention, but a 1 month home based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or 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 recommended physical therapy and medications, plus Transcutaneous Electrical Nerve Stimulation (TENS). There is lack of documentation indicating the injured worker had adequate 1 month home based trial of the H-Wave unit. Their request submitted failed to provide if the provider requested the H-wave for rental or for purchase. The request submitted failed to provide the length of treatment. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.