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| Case Number: | CM14-0197980 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 09/28/2008 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Occupational Medicine 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:

This is a 34-year-old female with a 9/28/08 date of injury, when a cabinet door dropped on the patient's toe, causing a fracture. The patient was seen on 11/4/14 with complaints of pain and swelling of the hallux and forefoot. Exam findings revealed decreased mobility of the IPJ and MPJ, pain of the IPJ joint and disfigured nail. The diagnosis is crush injury of the left great toe, neuropathy, nail injury, and traumatic arthritis. Treatment to date: toe nail surgery, work restrictions, pain creams, pain patches, and medications. An adverse determination was received on 11/13/14 for a lack of documentation indicating efficacy of prior treatments and it was not clear if the request was for rental or purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: H-Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: CA MTUS states that a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as

an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). However, there is a lack of documentation indicating that the patient tried and failed other conservative treatments, such as PT, TENS unit and medications. In addition, the duration of the treatment was not specified in the request. Therefore, the request for DME: H-Wave Unit is not medically necessary.