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| <b>Case Number:</b>   | CM15-0007354 |                              |            |
| <b>Date Assigned:</b> | 01/22/2015   | <b>Date of Injury:</b>       | 03/22/2012 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/13/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female who reported an injury on 03/22/2012. The mechanism of injury was not provided. She is diagnosed with left ankle sprain, neck sprain, and lumbar sprain. Her past treatments were noted to include physical therapy, psychotherapy, home exercise, use of an ankle brace, and use of an H-Wave unit. The 08/29/2014 clinical note is handwritten and largely difficult to decipher. It appears as though the injured worker's symptoms include left ankle pain and lumbar spine pain. It was noted that the injured worker was using orthotics for the ankle and an H-Wave unit 2 times a day. Physical examination of the left ankle revealed swelling, tenderness to palpation, increased pain with inversion, and decreased range of motion. It was noted that permanent use of the H-Wave unit was recommended as it had been helpful to manage her pain and decrease her use of medications. It was also noted that she would continue home exercises, ice applications, elevation, and bracing of the left ankle. However, new bilateral foot orthotics were recommended as it was noted that the previous one was old and worn. The rationale for the requested random urine drug sample was not provided. An 11/04/2014 report addressed a previous denial of the H-Wave unit. It was noted that the H-Wave had been helpful to manage her symptoms and continued use was recommended to help the injured worker avoid using nonsteroidal anti-inflammatory medications due to her diagnosis of gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**H-Wave unit; permanent use:** 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 Transcutaneous electrotherapy, H-wave stimulation (HWT) Page(s): 117-118.

**Decision rationale:** According to the California MTUS Guidelines, H-Wave stimulation may be considered as a noninvasive conservative option when used as an adjunct to a program of evidence based functional restoration only following the failure of initially recommended conservative care to include physical therapy, exercise, medications, and use of a TENS unit. The clinical information submitted for review indicated that previous use of an H-Wave stimulation unit had resulted in decreased pain and decreased medication use. However, there was no clear evidence of improved function with the use of this unit and details regarding its use were not provided to include the duration of use. In addition, there was no documentation indicating that she had tried and failed use of a TENS unit prior to using the H-Wave unit. For these reasons, the request is not medically necessary.

**Random urine sample:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, drug testing is recommended as an option to assess for the presence of illegal drugs and can also be used to monitor appropriate medication use for patients taking opioid medications. A rationale for the requested random urine sample was not provided in the submitted documentation and the injured worker's medication list was not specified. Additionally, it is unclear whether she had a history of consistent results on urine drug screens and when her previous urine drug screen had been performed. In the absence of these details, the request for a random urine drug sample is not supported. As such, the request is not medically necessary.

**Bilateral foot orthotics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Orthotic devices

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical information submitted for review indicated that the injured worker had left ankle pain. However, there was no indication that she had plantar fasciitis or metatarsalgia in either foot. Additionally, the documentation addressed use of a left ankle brace and noted that the brace was worn and needed replacement. However, the documentation did not address an ankle brace for the right foot. Additionally, it is unclear whether the patient had experienced significant relief of symptoms with use of the left brace. In the absence of further details regarding previous use of the left brace and the need for orthotics on the right foot, the request is not medically necessary.