

Case Number:	CM15-0102551		
Date Assigned:	06/04/2015	Date of Injury:	03/17/2009
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 37 year old male, who sustained an industrial injury, March 17, 2009. The injured worker previously received the following treatments cane and ankle brace. The injured worker was diagnosed with fracture of the ankle, grade II ankle sprain, neuropathic pain and CRPS (complex regional pain syndrome). According to progress note of April 15, 2015, the injured workers chief complaint was chronic aching pain. The objective findings were a loss of inguinal arch and osteoarthritis changes, later collateral ligamentous injury, and peroneal tendons tendonitis and post MRI results for a distal fibular fracture and unhealed fracture site. The physical exam noted the injured worker walked with an altered gate. The injured worker walked with the assistance of a cane and ankle brace. The treatment plan included two in house H-wave treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 2 In house H-Wave treatments between 3/2/15 and 3/6/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

Decision rationale: The claimant sustains a work injury in March 2009 and continues to be treated for left ankle pain. Diagnoses include CRPS. When seen, there was an antalgic gait with use of a cane and ankle support. There was ankle tenderness. H-wave stimulation is a form of electrical stimulation that differs from other forms of electrical stimulation, such as transcutaneous electrical nerve stimulation (TENS), in terms of its waveform. A one month home-based trial of may be considered as a noninvasive conservative option for the treatment of chronic pain. Instruction in use of an H-wave unit would be required including determining appropriate electrode placement and stimulation parameters. Providing two H-wave treatments was appropriate and can be considered medically necessary.