MAXIMUS Federal Services

Case Number:	CM15-0191687		
Date Assigned:	10/05/2015	Date of Injury:	08/28/2009
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 27 year old, female who sustained a work related injury on 8-28-09. A review of the medical records shows she is being treated for right foot and ankle pain. Treatments have included ankle supports, use of crutches and ice therapy. In the progress notes, the injured worker reports chronic right foot and ankle pain. She walks with an altered gait. In the objective findings dated 2-11-14, she has tenderness of the right lateral ankle. She has pain with standing and walking. She has "positive MRI lateral malleoli and dorsolateral process of the talas." No notation of working status. The treatment plan includes requests for an Unna boot with ace wrap, H wave treatment and medications. The Request for Authorization dated 2-11-14 has requests for an office visit, in house H-wave treatment and an Unna boot with ace wrap. In the Utilization Review dated 9-22-15, the requested treatments of retrospective in-house H wave treatment to right ankle and retrospective Unna boot with ace wrap to right ankle both with date of service of 2-11-14 are medically not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective in-house H-wave treatment to the right ankle (DOS- 2/11/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Phentolamine infusion test, Electrical stimulators (E-stim).

Decision rationale: According to the guidelines an H-wave unit is not recommended but a one month trial may be considered for diabetic neuropathic pain and chronic soft tissue inflammation if used with a functional restoration program including therapy, medications and a TENS unit. There is no evidence that H-Wave is more effective as an initial treatment when compared to TENS for analgesic effects. In fact, H-wave is used more often for muscle spasm and acute pain as opposed to neuropathy or radicular pain. In this case the claimant did not have diabetic neuropathy or interventions noted above. Long-term use is not recommended. Therefore the request for an in-house H-wave unit is not medically necessary.

Retrospective Unna Boot with ace wrap to right ankle (DOS- 2/11/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care, Physical Methods, Summary. Decision based on Non-MTUS Citation Nurse Pract. 1996 Jul;21(7):55-6, 61-4, 71-2 passim; quiz 76-7. The Unna's boot as a treatment for venous ulcers.

Decision rationale: According to the guidelines, immobilization may be used after an injury but not for long-term used. The Unnas however is intended for compressions in those with leg edema. The claimant did have history of leg /ankle edema. It is generally used for those with venous stasis disease and leg ulcers. In this case, there was no mention of venous ulcers. As a result the request for Unnas was not justified and not necessary.