

Case Number:	CM15-0022886		
Date Assigned:	02/12/2015	Date of Injury:	10/01/2011
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 51 year old male who sustained an industrial injury on 10/01/2011. He has reported pain and swelling on the left ankle with decreased mobility. and a feeling of deep pain at the ankle (subtalar joint). Diagnoses include grade II ankle sprain, neuropathic/ neuropathy, and closed ankle fracture. Treatment to date include a left ankle arthroscopy with aggressive synovectomy and debridement, excision of chondral fragments, excision of fracture fragment in the distal tibia, left ankle joint , and repair of deltoid ligament of the left ankle (07/24/2012). A progress note from the treating provider dated 12/31/2014 he was treated with injection of lidocaine and alcohol to help control the pain, and the foot and ankle were wrapped in and a Unna boot with aca wrap. Plans for further care included application of a transcutaneous neurostimulator (H-Wave). On 01/23/2015 Utilization Review non-certified a request for H-wave. The MTUS Chronic Pain Guidelines were cited

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117 - 118.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, H wave stimulation

Decision rationale: Pursuant to the Official Disability Guidelines, H wave stimulation is not recommended. H wave stimulation (HWT) is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of HWT for treatment of chronic pain as no high-quality studies on this topic identified. There is no evidence HWT is more effective as an initial treatment when compared to TENS for analgesic effects. Patient Selection Criteria should be documented by the medical care provider for HWT to be determined to be medically necessary. These criteria include, but are not limited to, HWT may be considered on a trial basis if other noninvasive conservative measures have failed; a one-month home-based trial of HWT may be considered following a face-to-face clinical evaluation and physical examination; the reason the physician believes HWT may lead to functional improvement; the use of TENS for at least a month has not resulted in functional improvement; PT, home exercise and medication has not resulted in functional improvement; and the injured workers participating in an evidence-based functional restoration program without satisfactory reduction in pain or functional improvement. In this case, the injured worker's working diagnoses are grade II ankle sprain; neuropathic/neuropathy; and ankle fracture (closed). Medical record contains 17 pages. A progress note from July 2014 is not contain HWT trial or documentation of HWT. A progress note from December 31, 2014 documents HWT in the treatment plan. However, it does not document a clinical indication for HWT, a clinical rationale for HWT, and an anatomical region for application of HWT, and an HWT-1 month clinical trial. Consequently, absent clinical documentation to support HWT in agreement with the recommended guidelines, H wave stimulation is not recommended.