

Case Number:	CM15-0213920		
Date Assigned:	11/05/2015	Date of Injury:	04/14/2015
Decision Date:	12/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/30/2015

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: Texas, 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:

This is a 52 year old male patient, who sustained an industrial injury on 4-14-15. The diagnoses include left ankle sprain and strain, tear of anterior talofibular ligament of the left ankle, tear of the calcaneofibular ligament of the left ankle, and pain in the left ankle. Per the note dated 10/2/15, the patient has 30 day trial of H-wave unit (start form 8/7/15) with reduction in pain and improvement in functions. Per the doctor's note dated 8-27-15, he had complaints of ankle pain. Physical exam revealed no pain on palpation or manipulation of the left foot, ankle, and toes, 5/5 strength in all muscle groups of the left ankle and foot, range of motion in the left ankle-10 degrees dorsiflexion, 50 degrees plantar flexion, 20 degrees eversion, and 30 degrees inversion. Per the doctor's note dated 7/30/15, the patient has completed therapy and his ankle was good. He was not taking naproxen. Physical exam of the left ankle revealed minimal pain on palpation, normal strength and sensation and range of motion in the left ankle-10 degrees dorsiflexion, 50 degrees plantar flexion, 20 degrees eversion, and 30 degrees inversion. Treatment to date has included physical therapy, TENS, use of an H-wave unit, and medication. On 9-10-15 the treating physician requested authorization for a home H-wave device for the left ankle. On 9-23-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home H-wave device for left ankle: 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): Transcutaneous electrotherapy.

Decision rationale: Home H-wave device for left ankle. Per the CA MTUS Chronic Pain Medical Treatment Guidelines-H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." Evidence of diabetic neuropathy is not specified in the records provided. The details regarding previous conservative therapy including physical therapy, pharmacotherapy and TENS, were not specified in the records provided. The patient has a trial of H-wave for 30 days from 8/7/2015. Per the note dated 7/30/15, the patient has completed therapy and his ankle was good. He was not taking naproxen. Physical exam of the left ankle revealed minimal pain on palpation. Significant objective functional deficits that would require a H-wave were not specified in the records provided. The medical necessity of Home H-wave device for left ankle is not fully established for this patient at this juncture.