

Case Number:	CM15-0048170		
Date Assigned:	03/20/2015	Date of Injury:	02/07/2004
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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

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 41-year-old male, who sustained an industrial injury on 02/07/2004. He has reported subsequent ankle and foot pain and was diagnosed with anterior process fracture of calcaneus, crush injury, sinus tarsi and traumatic arthritis. Treatment to date has included oral pain medication, ankle brace and nerve block injection. In a progress note dated 11/14/2014, the injured worker complained of ankle, foot and low back pain. Objective findings were notable for traumatic arthritis and post-crush injury/neuropathy. The injured worker was treated with ultrasound therapy to reduce nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective H-wave ultrasound therapy 6455: Upheld

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

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

Decision rationale: The patient presents with ankle, foot and low back pain. The request is for RETROSPECTIVE H-WAVE ULTRASOUND THERAPY 6455. The RFA is not provided. Patient's diagnosis included anterior process fracture of calcaneus, crush injury, sinus tarsi, and traumatic arthritis. Objective findings were notable for traumatic arthritis and post-crush injury/neuropathy. Treatments to date have included oral pain medication, ankle brace, and nerve block injection. The reports do not reflect whether or not the patient is working. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive 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." "And only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per progress report dated 11/14/14, the patient was treated with ultrasound therapy to stimulate nerves and reduce nerve pain. Review of the progress reports does not indicate whether or not the patient has had a trial of the unit previously and with what efficacy. There is no discussion regarding the request, what service was provided along with H-wave and why it was not part of the therapy provided. Without an explanation, the request cannot be considered. MTUS supports trial of H-wave after a failure of TENS and other measures. There is no discussion regarding TENS trial. The request IS NOT medically necessary.