MAXIMUS Federal Services

Case Number:	CM15-0056056		
Date Assigned:	04/01/2015	Date of Injury:	10/21/2008
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of October 21, 2008. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve an H-wave device apparently prescribed on February 18, 2015. The applicant's attorney subsequently appealed. On April 1, 2015, the applicant reported ongoing complaints of foot and ankle pain. The applicant was apparently wearing an ankle brace to work. An H-wave device was seemingly endorsed on a purchase basis. In an earlier note dated February 18, 2015, the attending provider again reiterated her request for an H-wave device for foot and ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave, unspecified foot/ankle, per 02/18/15 order Qty: 1.00: Upheld

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

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

Decision rationale: No, the request for home H-wave device (purchase) was not medically necessary, medically appropriate, or indicated here. As noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-wave device beyond an initial one-month trial should be justified by the documentation submitted for review with evidence of favorable outcomes in terms of both pain relief and function. Here, however, the attending provider progress notes of February 18, 2015 and April 1, 2015, seemingly suggested that she intended for the applicant to receive the device on a purchase basis, without an intervening one-month trial of the same. It is further noted that the applicant seemingly failed to meet criteria set forth on page 117 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of an H-wave device on a trial basis. Specifically, there was no evidence that the applicant had in fact failed other first, second, and third line treatments, such as medications, physical therapy, home exercises, a conventional TENS unit, etc. Therefore, the request was not medically necessary.