

<b>Case Number:</b>	CM14-0087287		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee was a 36 year old male who sustained an industrial injury on 06/15/12. The mechanism of injury was fall through an uncovered hole at a jobsite with injury to his right ankle and foot. He had sustained an ankle dislocation and was status post closed reduction of Subtalar dislocation. He was conservatively treated with casting, physical therapy and was released to full duties on December 20, 2012. An MRI in 2012 that showed possible tear of peroneal longus tendon above the ankle joint and injury to the anterior talofibular ligament and calcaneofibular ligament. He was subsequently referred to Podiatry and was diagnosed with grade 3 ligament injuries, traction neuropathy of the superficial peroneal nerve and deep peroneal nerve and compression neuropathy of the posterior tibial nerve all in the right extremity. He was seen by the provider on 1/7/13. His subjective complaints included right ankle pain, discoloration and tightness. He reported taking Naprosyn as needed for the pain. He completed physical therapy and felt it was ineffective. Pertinent examination findings included limited range of motion of the right ankle with tenderness to palpation diffusely over the anterior capsule. MRI of the right ankle performed on 12/21/12 revealed patchy areas of bone marrow edema within the talus and calcaneus, high grade partial thickness tear of the peroneal longus tendon distally associated with a ganglionic cyst and evidence of old injuries involving the anterior talus fibular and calcaneofibular ligaments. His history was remarkable for repair of collateral ligament and right ankle and repair of anterior talus fibular ligament and right ankle on 5/20/13. He was seen by the podiatrist on 5/1/14. His primary complaint was right ankle pain. He reportedly had completed physical therapy for right ankle that helped with pain and swelling. He was not working at the time and was working on jogging and stretching exercises for right ankle since his last visit. His subjective complaints included painful right ankle with swelling and discoloration. He also reported numbness in the right ankle. Pertinent objective findings included good strength in the

ankle with decreased sensation in the right leg. His assessment included rupture of collateral ligaments with impingement syndrome of the right ankle. Plan of care included PSSD testing to evaluate the nose and both extremities, trigger point injections into the right lower extremity, physical therapy to the nerve with injection therapy 2 times a week for 4 weeks and initiation of Lyrica 75 mg once a day. His work status was back to work without any modifications. He was seen by the podiatrist on 5/14/14. His complaint was pain in right lower extremity secondary nerve pain. He reported stomach upset when he was taking Naprosyn. He was taking Lyrica, but it was too early to tell if it was helping with the pain. He reported that the right lower extremity injection he received during the previous visit had only worked for 3 days. His medications included Lyrica 75 mg capsule and Naprosyn 375 mg tablets. Pertinent examination findings included diminished monofilament discrimination on the right leg, loss of vibratory senses the right extremity, positive Tinel's sign in the right extremity. His diagnoses included rupture of collateral ligaments and impingement syndrome of the right ankle. The plan of care included neurogenic therapy with trigger point injections. Consider Neuremedy, pain cream, biopsy the evaluate C- fiber disease. He was taken off of work starting from 5/16/14 until 7/10/14 to allow patient to complete the neurogenic therapy involving integrated nerve block with electrical signal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PSSD- Pressure Sensory Device to test nerves:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Eur Vol 2009 Feb; 34 (1):60-5. doi: 10.1177/1753193408094921. Epub 2009 Jan 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/300\\_399/0357.html](http://www.aetna.com/cpb/medical/data/300_399/0357.html)[http://www.bcbst.com/mpmanual/Quantitative\\_Sensory\\_Testing.htm](http://www.bcbst.com/mpmanual/Quantitative_Sensory_Testing.htm).

**Decision rationale:** The employee had ankle injury status post surgery and had persistent pain and neuropathy. He was being followed by Podiatry. His prior treatments included Physical therapy and medications. A request was sent for PSSD and physical therapy with H wave injection therapy. Quantitative sensory techniques are techniques employed to measure the intensity of stimuli needed to produce specific sensory perceptions. They are used to evaluate a sensory detection threshold or other sensory responses from supra-threshold stimulation. Abnormal or elevated QST measurements are not specific in the diagnosis of any particular type of neuropathy, and in fact do not necessarily indicate any form of peripheral neuropathy. There are no prospective clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. Quantitative sensory testing also known as pressure specified sensory device testing is considered experimental and investigational for the evaluation of musculoskeletal pain, or management of individual neuropathy or any other diagnoses because its diagnostic value has not been established. As such, the request is not medically necessary and appropriate.

**Physical Therapy with Hwave Injection Therapy to the nerve: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; H-wave Stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines H wave stimulation Page(s): 117-118.

**Decision rationale:** The MTUS Chronic Pain Guidelines does not recommend H wave stimulation as an isolated intervention. A one-month home based trial of H wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathy pain and 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 physical therapy, medications plus transcutaneous electrical nerve stimulation. In addition ACOEM Guidelines for ankle and foot complaints indicates that invasive techniques such as needle puncture and injection procedures have no proven value with the exception of corticosteroid injection. The ACOEM Guidelines do not recommend H wave stimulation for neuropathic pain. The employee has not failed TENS therapy. There is no documentation on what injection is going to be given. The request for physical therapy with H wave injection therapy is not medically necessary or appropriate.