MAXIMUS Federal Services

Case Number:	CM14-0218733		
Date Assigned:	01/08/2015	Date of Injury:	08/28/2009
Decision Date:	05/29/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 27-year-old male who reported an injury on 08/28/2009. The mechanism of injury was not stated. The current diagnoses include ankle sprain, sinus tarsi, edema, and neuropathic pain. The injured worker presented on 09/15/2014 with complaints of persistent pain and swelling in the ankle and foot. Upon examination, there was pain with standing and walking. Treatment recommendations at that time included an injection of lidocaine and alcohol. The injured worker was also given a prescription for omeprazole 20 mg. A Request for Authorization form was then submitted on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave stimulation to right ankle performed 4/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines do not recommend H-wave stimulation as an isolated intervention, but a 1 month home based trial may be considered as a noninvasive conservative option. The device should be used as an adjunct to a program of evidence based functional restoration and only following a failure of initially recommended conservative care including physical therapy, medications, and TENS therapy. According to the documentation provided, there was no mention of a recent attempt at any conservative treatment. There was no documentation of a successful 1 month trial prior to the request for a unit purchase. There was also no mention of the injured worker's prior use of a TENS unit. Given the above, the request is not medically necessary.

Nerve block injection to right ankle performed 4/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter, Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Injections.

Decision rationale: The Official Disability Guidelines do not recommend injections for the ankle and foot. They are currently under study for heel pain (plantar fasciitis). As such, the current request cannot be determined as medically necessary.