

Case Number:	CM15-0010833		
Date Assigned:	01/28/2015	Date of Injury:	06/22/2011
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 29 year old male, who sustained an industrial injury on June 22, 2011, when a table leg dropped on the left ankle. The diagnoses have included left ankle nerve entrapment. Treatment to date has included left ankle neurolysis completed June 24, 2014, walking boot, bracing, home exercises, H-wave, TENS, and medications. Currently, the injured worker complains of pain in the left ankle after walking and climbing stairs for two hours. An Orthopedic Physician's report dated December 5, 2014, noted the injured worker status post left ankle neurolysis, healing as expected, with the left ankle incision with no edema or erythema, no rebound or guarding, and good range of motion at the ankle without pain. On December 23, 2014, Utilization Review non-certified a H-wave machine left foot/ankle, noting the injured worker did not have diabetic neuropathic pain, had a normal foot/ankle examination dated December 5, 2014, and the injured worker was working full and unrestricted duty with no documented failure of conservative care. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of a H-wave machine left foot/ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave machine left foot/ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: TENS unit treatment is listed in MTUS, ACOEM page 371 as having no scientifically proven efficacy to treat foot or ankle symptoms. The TENS unit treatment is not consistent with MTUS guidelines and is not medically necessary for this patient.