

Case Number:	CM15-0123122		
Date Assigned:	07/07/2015	Date of Injury:	04/21/2014
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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, 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 36 year old female, who sustained an industrial injury on 4/21/14. The injured worker has complaints of right ankle pain. The documentation noted that there is tenderness on palpation lateral right ankle over the anterior talofibular ligament and pain with range of motion at the right ankle. The diagnoses have included sprain/strain right ankle; acute tenosynovitis and ankle instability. Treatment to date has included physical therapy; right ankle arthroscopy with anterior talofibular ligament repair; pneumatic cam boot and soma. The request was for H-wave unit, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-wave unit, purchase: 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 Page(s): 117-118.

Decision rationale: Regarding the request for a trial of H-wave stimulation, the California MTUS specify that this is a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. It is recommended only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In this worker, there is no evidence of failed TENS trial. This would include a description of the duration, frequency, and associated functional restoration program accompanying a TENS trial. Given this requirement, this H-wave stimulation trial does not meet Chronic Pain Medical Treatment Guidelines criteria. Thus it is not medically necessary.