

Case Number:	CM15-0171357		
Date Assigned:	09/11/2015	Date of Injury:	11/02/2002
Decision Date:	10/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old male who sustained a work related injury November 2, 2002. A physical medicine and rehabilitation physician documented past history December 15, 2014 as; status post ORIF (open reduction and internal fixation) for pelvic fracture, status post ORIF sacral fracture, status post ORIF right calcaneal fracture, status post ORIF for fusion of right ankle fracture, gastric bypass, and chronic neuropathic pain symptoms in right foot following multiple surgeries. A podiatrist's encounter dated July 28, 2015, found the injured worker presenting for painful hypertrophic cicatrix on the right plantar arch. He reports the site is painful and as long as its debrided every four to six weeks he is able to ambulate. A physical examination confirms hypertrophic cicatrix on the right plantar arch with hemorrhagic changes noted. Light palpation at the cicatrix is tender with no signs of ulceration noted. The physician documented the procedure as; "A sharp debridement was performed of multiple hypertrophic cicatrix on the plantar arch. A 60% salicylic plaster was applied under the occlusion". He is to return to the office for treatment and to keep foot dry and leave the bandage on for the next 3-4 days. On August 10, 2015, the injured worker presented to the treating physician for a pain medicine evaluation. His progress report documents the injured workers chief complaint as low back pain. The physician further documented the injured worker is undergoing acupuncture and needs medication for self-care and walking. He reports pain with prolong sitting, standing and walking and some foot and toe pain. Current medication included Lorcet liquid, Voltaren gel, Lyrica and Prevacid. Physical examination revealed; ambulates with a cane and not able to perform a full squat; lumbar spine-tenderness to palpation of the paraspinal muscles with spasm,

lower buttocks tenderness, paravertebral muscle spasm, pain with flexion; right ankle-limited range of motion, dorsiflexion only possible to the neutral position. Diagnoses are lumbago; hypertrophic cicatrix. Treatment plan included to continue with acupuncture, continue medication and at issue, a request for H-wave for home use. According to utilization review, dated August 21, 2015, the request for H-wave for home use, low back was modified to H-wave x 1 month rental authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

H-Wave for Home Use to The Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California MTUS section on H-wave therapy states: Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as 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, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The patient does not have a documented one-month trial with objective improvement in pain and function as well as the device being used as an adjunct to a program of evidence based functional restoration in the provided clinical documentation for review. Therefore, the request is not medically necessary.