

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/6/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	2/17/2009
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010756

- 1) MAXIMUS Federal Services, Inc. has determined the request for **purchase of Home H-Wave device RT ankle is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **purchase of Home H-Wave device RT ankle** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 53 year-old male who slipped and fell at work on 2/17/2009. A right ankle fracture and post-traumatic arthritis of the ankle joint with impingement were diagnosed. The most recent office note provided is dated 8/6/2012. The claimant was noted to have treated conservatively with Vicodin, Ibuprofen, Nucynta, compounded cream, acupuncture, rocker bottom soled shoes, viscosupplementation injections for the right ankle and work restrictions. It was noted that on 3/15/2013 that supplies for a TENS unit were approved for three months. A request dated 7/23/2013 was denied for purchase of a home H-wave device for the right ankle. The summary of the report noted that the claimant had used an H-wave for six months and had continued pain. A 10/15/2013 progress report addendum by Dr. [REDACTED] noted complaints of pain. An H-wave was requested for three months.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for purchase of Home H-Wave device RT ankle:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT), which is part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT), which is part of MTUS.

Rationale for the Decision:

The Chronic Pain guidelines indicate H-wave therapy (HWT) is not recommended as an isolated intervention, but a one month home-based trial of HWT may be considered as a noninvasive conservative option for diabetic neuropathic pain (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, medications, and transcutaneous electrical nerve stimulation (TENS). There is no evidence that HWT is more effective as an initial treatment when compared to TENS for analgesic effects. A randomized controlled trial comparing analgesic effects of HWT and TENS on pain threshold found that there were no differences between the modalities or HWT frequencies (McDowell, 1999). Longer use of a HWT device should be supported with documentation of the effects and benefits in terms pain relief and increased function.

The records submitted for review indicate the employee is 4½ years post a right ankle fracture, and has subsequently developed post-traumatic arthritis of the ankle joint with impingement. However, the most recent examination and clinical notes describing the employee's complaints and the provider's findings of physical examination is from over one year ago. Thus, the employee's current status is not documented. Further, the employee has been treated with various forms of conservative treatment including a trial of an H-wave unit for six months, but the employee reports continued pain. Thus, there is a lack of evidence supporting the need for the requested HWT device as required by the guidelines. **The request for Purchase of Home H-Wave device RT ankle is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.