

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/16/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/29/2013

7/25/2012

8/2/2013

CM13-0006100

- 1) MAXIMUS Federal Services, Inc. has determined the request for one month rental of H-Wave system for the right ankle **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/29/2016. A Notice of Assignment and Request for Information was provided to the above parties on 8/27/2013. 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 one month rental of H-Wave system for the right 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 Physical Medicine and Rehabilitation 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.

Expert Reviewer Case Summary:

This is a 48 YO, (DOB [REDACTED]), male who injured his right ankle on 7/25/12 when he fell from a ladder and fractured his calcaneus. He underwent right calcaneus ostectomy and subtalar fusion with bone block distraction on 1/4/2013, by [REDACTED], MD. He has had postsurgical PT and a TENS trial. He has had cognitive behavioral therapy. He has tried ibuprofen, and Percocet and currently is on Norco and Lyrica.

The 8/6/13 medical report from Dr [REDACTED] clarifies the request. He states Plan: "pain control with home TENS, Lyrica and Norco. Refilled Norco. Request pain management consult. Request extension of TENS unit vs purchase, If not approved, recommend use of H-wave device for home use."

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 Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for** one month rental of H-Wave system for the right ankle:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, H-Wave Stimulation (HWT), pgs. 117-118, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines state the H-wave rental would be appropriate if there was failed physical therapy, failed medications, and failed TENS, and if it were to be used as an adjunct to a program of functional restoration. Medical records submitted and reviewed indicate the employee has not failed the TENS unit, and was having benefit from it. The employee seems to be doing well with Lyrica and Norco as well, and physical therapy seems to have helped as the employee has improved to the point of being able to bear weight on the right leg. The request for the H-wave unit, is not in accordance with the MTUS criteria. **The request for one month rental of H-Wave system for the right 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

/pas

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.