

Case Number:	CM13-0029233		
Date Assigned:	03/19/2014	Date of Injury:	10/07/2010
Decision Date:	04/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert 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. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This a 56-year old female with a date of injury of 10/07/10. The mechanism of injury was they fall down a tile stairway. The patient landed on her left side 6 to 7 steps down from where she began falling. The patient had conservative care including injections to the left shoulder and left knee. Patient has undergone right knee arthroscopy. She has multiple diagnoses, including lumbar DDD, lumbar facet arthropathy, right knee chondromalacia s/p chondroplasty, left knee Baker's cyst, left shoulder RTC tendinitis, chronic right shoulder pain, depression and chronic pain. She is now under the care of a pain management specialist, and continues to require multiple medications, including opioid pain meds. The patient has moderate control of her pain on the multiple meds. On 8/15/13, the pain doctor notes that the patient was using an OrthoStim unit for one month, but then this was "taken by the insurance". The pain doctor incorrectly states that the OrthoStim device is an Interferential Stimulator. While IF is one of the stimulation modalities, this is actually a combination device that combines IF with NMES and high volt pulsed current stimulation. No studies are submitted that support the OrthoStim, and guideline criteria for IF are not discussed. This was submitted to utilization review on 9/10/13. The device was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL UNIT Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY/INTERFERENTIAL CURRENT STIMULATION Page(s): 118-119.

Decision rationale: Interferential Stimulation units are not recommended as an isolated intervention, but may be appropriate for a trial (defined as 1-month), if the pain is ineffectively controlled by meds due to side effects or diminished effectiveness, if there is a history of substance abuse, if the patient is unresponsive to conservative measures, or the patient has significant post-op pain and is limited in the ability to perform PT/exercise. In this case, the requesting provider does not provide any clinical details that meet these guideline criteria. In addition, that the device discussed in medical reports is an OrthoStim device, not an IF device. While IF is one of the stimulation modalities, this is actually a combination device that combines IF with Neuromuscular Electrical Stimulation (NMES) and high volt pulsed current stimulation. No studies are submitted that support the OrthoStim, and guideline criteria for singular IF are not discussed. Medical necessity for an Interferential Unit purchase is not established.