

Case Number:	CM13-0056857		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2009
Decision Date:	05/22/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/24/2013

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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for sprain/strain of the cervical spine superimposed on posterior disc bulge at C4-C5, lumbar sprain/strain, and sprain/strain of the right knee superimposed on chondromalacia patella associated with an industrial injury date of 07/17/2009. Treatment to date has included lumbar support, crutches, knee immobilizer, physical therapy, chiropractic care, steroid injection at the right knee, acupuncture, and medications such as Tylenol, Vicodin, and naproxen. Utilization review from 10/30/2013 denied the request for IF unit rental extension of 59 days because the records did not contain any recent assessment of the clinical and functional status of the patient as well as her response to the use of DME. Medical records from 2011 to 2013 were reviewed showing that patient complained of constant neck pain at the left side graded 5-7/10 radiating to the left occipital and parietal regions up to the left eye resulting to blurring of vision. There was likewise intermittent radiating pain down the left arm to the ring and middle fingers over the volar aspect associated with numbness and tingling sensation. Patient also had constant pain in the posterior deltoid area of the right shoulder graded 5/10 in severity. There was also frequent low back pain graded 5-8/10 radiating down the right gluteal and posterior right lower extremity up to the right heel associated with tingling and numbness. She denied bowel and bladder incontinence. Patient also complained of constant pain at both knees graded 5-8/10, worse at the right associated with locking and giving way. Pain was aggravated upon looking up and down, prolonged sitting and standing, walking, bending, twisting, stooping, and squatting. Physical examination revealed tenderness at the cervical spine, upper trapezius, parathoracic muscles, acromioclavicular joint, biceps tendon groove, supraspinatus on the left, medial/lateral epicondyles on the left, CMC joint on the left, left thoracic and lumbar paravertebral muscles, spinous processes, sacroiliac joints, sciatic notch, and right medial forefoot. Upon postural

examination, the left shoulder was higher with head and neck tilted to the right. The hip and pelvis were higher on the right. Range of motion of the cervical spine, shoulders, left elbow, lumbar spine, and bilateral knees was limited with presence of pain. Patellar grinding was +1 on the right. Motor strength was graded 5/5 at all extremities. Grip strength at right was 28 and 22 at left using Jamar dynamometer. Ankle reflexes were graded +1 bilaterally. Cervical compression test, Tinel's sign, and Finkelstein's tests were positive on the left. Sitting and supine Lasegue's were negative to 45 degrees on the right with pain at posterior lower extremity at 70 degrees on the left. Sensation was intact. Gait was antalgic on the right. She used a cane with the right hand and a right knee brace with lateral and medial hinge.

IMR ISSUES, DECISIONS AND RATIONALES

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

IR unit rental for 59 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY. Decision based on Non-MTUS Citation ODG GUIDELINES: INTERFERENTIAL CURRENT STIMULATION (ICS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, the patient already underwent physical therapy, chiropractic care, acupuncture, steroid injections, however, she still complains of pain. It is unclear if the patient is still continuing her home exercise program due to lack of documentation. This is a required treatment adjunct for interferential therapy. Furthermore, there is no recent progress report available for review, thus, the current functional and clinical status of the patient is unknown. In addition, the present request of 59 days rental exceeds the guideline recommendation of one-month trial as stated above. Therefore, the request for IR unit rental 59 days is not medically necessary.