

Case Number:	CM14-0010684		
Date Assigned:	02/21/2014	Date of Injury:	12/02/2010
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 a 48 year old female who has submitted a claim for grade 3 tear of posterior horn of the medial meniscus, and right knee minimal effusion associated with an industrial injury date of 12/02/2010. Medical records from 2012 to 2013 were reviewed. The patient complained of worsening, localized, constant right knee pain, graded moderate to severe intensity. There were no numbness or tingling sensation. Aggravating factor included prolonged walking. Patient likewise complained of worsening left knee pain and swelling. No relief was noted upon intake of medication. The patient experienced worsening anxiety, depression, and insomnia. Physical examination of the right knee showed tenderness, and positive McMurray's sign. Treatment to date has included acupuncture, physical therapy, and medications such as tramadol, hydrocodone, naproxen, and Exoten-C lotion. A utilization review from 01/13/2014 denied the request for Solace Multi-Stim Unit 5 months rental, electrodes 8 pairs per month, 5 months, leadwires qty 2, and adaptor due to insufficient description of electrotherapy unit and its supporting rationale for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLACE MULTI STIM UNIT 5 MONTH RENTAL, ELECTRODES 8 PAIRS PER MONTH 5 MONTHS, LEADWIRES QTY 2, AND ADAPTOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation, Neuromuscular Electrical Stimulation Page(s): 114-116, 118-120, 121.

Decision rationale: Multi-Stim unit is a combination of TENS, interferential unit, and neuromuscular stimulator. As stated on pages 118-120 in the MTUS Chronic Pain 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, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, patient complained of bilateral knee pain corroborated by findings of tenderness and positive McMurray's sign. However, medical records submitted and reviewed failed to provide a rationale for this request. Progress report from 11/6/2013 cited that a TENS unit is recommended. It is unclear why multiple treatment modalities are being requested at this time. Regarding interferential current stimulation, the MTUS Chronic Pain Guidelines only recommend a one-month trial; the request exceeded the duration period of time. Therefore, the request is not medically necessary.