

Case Number:	CM14-0157430		
Date Assigned:	09/30/2014	Date of Injury:	03/15/2014
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 58-year-old female with date of injury of 03/15/2014. The listed diagnoses per [REDACTED] from 08/11/2014 are: 1. Lumbar spine strain/sprain. 2. Left knee sprain/strain. According to this handwritten report, the patient complains of constant low back pain between 5/10 and 8/10 which is worse with prolonged positioning. Pain radiates throughout the buttock and left leg with weakness of the left greater than the right leg. Her buttocks and not the actual hip joint are where she feels pain. The patient also complains of left knee aching pain and stiffness and rates it between 3/10 and 6/10. No locking and giving away but worse with repetitive use. She reports popping and grinding sensations. The patient denies any pain to the shoulders, neck, arms, elbows, hands, wrists, fingers, and upper back. The physical examination from the report 04/17/2014 showed tenderness along the medial aspect of the left knee joint line. Locking and grinding with rotating motion. The utilization review denied the request on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit E1399: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines MTUS Guidelines on interferential current stimulation Page(s): 111 to 12.

Decision rationale: This patient presents with low back pain and left knee pain. The treater is requesting an IF unit E1399. The MTUS Guidelines page 111 to 120 states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications and limited evidence of improvement on those recommended treatments alone. In addition, a 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records show that the patient has not trialed an IF unit. In this case, MTUS Guidelines recommends a 1-month trial to determine the efficacy and in terms of pain relief and functional improvement. Recommendation is for denial.