

Case Number:	CM14-0034687		
Date Assigned:	06/20/2014	Date of Injury:	08/02/2013
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 40 year-old male who was reportedly injured on August 2, 2013. The mechanism of injury is noted as a fall backwards while standing on a ladder striking the buttocks and back region. The ladder then fell and struck the claimant's left knee. The progress note dated February 11, 2014 indicates that the claimant presents with continued neck, low back, left wrist, and left knee pain that is worse with lifting, sitting, standing, climbing, pushing, and pulling. The physical therapy is documented as providing improvement in reducing spasm, swelling, and difficulties with sleep. The physical examination documents tenderness to palpation over the volar carpal ligament of the left wrist, the left medial joint line of the knee at C5-7, L4-5, and the lumbar spine region with increasing range of motion. This note also indicates that the claimant will return to modified work; continue with acupuncture, and recommends topical creams in addition to the inferential unit. An MRI of the left knee documents a small joint effusion with fluid extending into the recesses of the suprapatellar bursa, early degenerative arthritis, and no other obvious pathology. This was obtained on October 25, 2013. An MRI of the cervical spine documents early disc desiccation from C2-7 and diffuse disc protrusion at the thecal sac at C4-5 which does not impinge on the exiting C5 nerve root. This was obtained on October 25, 2013. An MRI of the left wrist was obtained on the same day documenting instability of the dorsal intercalated segment. Additionally, an MRI of the lumbar spine was obtained which demonstrated disc desiccation from L3-5 with a diffuse disc protrusion at L4-5 with effacement of the sac. There is no documentation of nerve root impingement. Previous treatment includes acupuncture, oral medications, physical therapy, and modified return to work. A request was made for an interferential current stimulation device for the lumbar spine, cervical spine, left wrist and left knee. This was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME - Interferential Current Stimulation device (ICS) for the lumbar, left wrist, cervical and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

Decision rationale: The MTUS recommends against interferential current stimulation as an isolated intervention and again that there is no quality evidence of effectiveness except in conjunction with recommended treatments and when there are documents with limited evidence of improvement with those treatments alone. Based on the clinical documentation provided, the claimant has tried numerous conservative measures and has demonstrated improvement with physical therapy. Given the lack of documented evidence-based support for this intervention and the noted improvement with conservative measures, this request is considered not medically necessary.