

Case Number:	CM14-0049397		
Date Assigned:	07/07/2014	Date of Injury:	10/03/2012
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 injured worker filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder manipulation under anesthesia surgery; earlier knee arthroscopy; and shoulder arthroscopy, and acromioplasty surgery on May 16, 2014. In a Utilization Review Report dated April 11, 2014, the claims administrator denied a request for retrospective usage and/or purchase of an interferential unit with supplies between March and May 2013. The applicant's attorney subsequently appealed. The applicant was placed off of work, on total temporary disability, on May 20, 2014. The applicant did undergo shoulder arthroscopy and acromioplasty on May 16, 2014. Multiple handwritten progress notes interspersed throughout 2014 were notable for comments that the applicant was off of work, on total temporary disability, and/or given work restrictions. On March 4, 2014, authorizations were sought for shoulder surgery, continuous passive motion machine, and sling. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not furnished. In a progress note of December 3, 2013, the applicant's primary treating provider reviewed office visits through some of the applicant's prior treating providers. Specific reference was made to a March 27, 2013 office visit, in which the applicant was given prescriptions for Norco, Flexeril, Voltaren, and Protonix. On May 8, 2013, the applicant was apparently given the interferential unit at home, apparently for purchase purposes, again kept off of work, on total temporary disability. Prescription for Theraflex, and Biotherm were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic, MTUS 9792.20f Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is recommended on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants who have history of substance abuse which would prevent provision of analgesic medications, applicants who have significant postoperative pain which limits the ability to participate in home exercises, and/or applicants in whom pain is ineffectively controlled owing to medication side effects. In this case, however, none of the aforementioned criteria were met. There was no information of any issues with medication side effects, substance abuse, and/or medication efficacy which would have supported provision of the interferential current stimulator device on a one-month trial basis. No rationale for selection and/or ongoing usage of the device was proffered. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines denotes that favorable outcomes in terms of both pain relief and function are needed to justify continuation of the interferential current stimulator device beyond the initial one month trial. In this case, there was no such functional improvement with the earlier trial. The applicant remained off of work, on total temporary disability, despite provision of the interferential current stimulator device. It did not appear that the interferential current stimulator device had generated any functional improvement as defined in MTUS 9792.20f, as the applicant appeared to remain reliant on medications such as Norco, Flexeril, Voltaren, etc. despite previous provision and/or usage of the same. Therefore, the request was not medically necessary.