

Case Number:	CM14-0170546		
Date Assigned:	10/20/2014	Date of Injury:	11/15/2002
Decision Date:	01/22/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopedic Surgery 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 is a 50-year-old female with a date of injury of November 15, 2002. An exam dated June 5, 2014 demonstrates complaints of flare-ups of neck pain with numbness and tingling into the left upper extremity and down into the fingers. There is associated right knee pain with buckling and giving way. Examination of the right knee demonstrates mild patellar swelling. Knee flexion is noted to be 98 degrees and extension is 0 degrees. A positive McMurray's and patellofemoral crepitus is noted. An exam note from September 18, 2014 demonstrates complaints of pain. Examination of the cervical spine demonstrates tenderness of the upper trapezius. Decreased range of motion is noted in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines section on Interferential Current Stimulation, pages 118-119 states, "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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues." Criteria for use such as return to work are not present, and there is insufficient evidence of functional improvement from prior use of this unit. As there is insufficient medical evidence regarding use in this clinical scenario from the exam note of 9/18/14, the determination is that the interferential stimulation unit is not medically necessary.