

Case Number:	CM14-0195578		
Date Assigned:	12/03/2014	Date of Injury:	12/17/2013
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, 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 male who reported an injury on 12/17/2013. The mechanism of injury was not provided. His diagnoses included lumbosacral spondylosis without myelopathy, bilateral knee sprain/strain, rotator cuff syndrome, degenerative joint disease, lumbar sprain/strain, neck sprain/strain, and lateral cartilage or meniscus tear. His past treatments included cortisone injections. The clinical notes indicate that x-rays were performed on 07/24/2014 and MRIs were performed; however, studies were not provided. His surgical history was noncontributory. At a physical examination on 08/27/2014, the injured worker complained of his right knee popping, giving way, and weakness. The examination of the knees revealed that the patient had an antalgic gait, and tenderness to palpation was noted along the medial and lateral joint lines. The physical examination of the right hip noted tenderness to palpation. His current medications were not provided. The treatment plan included awaiting authorization for physical therapy, follow-up in 4 weeks to 6 weeks, and discussion of home exercise program exercises for the right hip. The rationale for the request was not provided within the submitted documentation. The Request for Authorization form was not provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential/Avid IF Unit and supplies as needed: 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 request for Interferential/Avid IF Unit and supplies as needed is not medically necessary. The injured worker has bilateral knee and right hip pain. The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention but may be used on conjunction with active treatment. The guidelines note it may possibly be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects, when the patient has a history of substance abuse, when the patient has significant postoperative pain, and when the patient has been unresponsive to conservative treatment. A one month trial may be appropriate if the unit has been documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. During the trial there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation submitted for review was largely illegible. Additionally, there was no documentation providing evidence that the interferential unit was to be used in conjunction with the recommended treatments as mentioned above. Moreover, there was no documentation submitted for review that included evidence that the injured worker's pain was ineffectively controlled due to diminished effectiveness of medications; pain was ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy treatment, or unresponsiveness to conservative measures. In the absence of this documentation, the request for Interferential/Avid IF Unit and supplies as needed is not supported by the guidelines. As such, the request is not medically necessary.