

Case Number:	CM14-0200398		
Date Assigned:	12/10/2014	Date of Injury:	10/20/2013
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 24 year old patient with date of injury of 10/20/2013. Medical records indicate the patient is undergoing treatment for s/p right knee surgery with anterior cruciate ligament repair, patellofemoral arthralgia and psychiatric and sleep complaints. Subjective complaints include right knee pain rated 6/10, right knee numbness and increase sensation to touch and popping in knee. Objective findings include well healed surgical scars, swelling at anterior medial aspect of right knee, tenderness to palpation over tibial tuberosity, crepitus present and positive McMurray's test. Knee range of motion - flexion 110 degrees and extension 0 degrees, grade 4/5 muscle weakness in flexion and extension and the patient ambulates with a slight limp. Treatment has consisted of immobilizer, crutches, physical therapy, home exercise program, Norco, Voltaren XR, Cyclobenzaprine and Ativan. The utilization review determination was rendered on 11/10/2014 recommending non-certification of 1 IF UNIT PURCHASE AND SUPPLIES (LEADWIRES, ELECTRODES, BATTERIES, WIPES).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 if unit purchase and supplies (leadwires, electrodes, batteries, wipes): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Page(s): 118-120.

Decision rationale: The MTUS states that inferential current units are "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." Further, the MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." The MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." For pain, the MTUS and the ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The ODG goes further to outline recommendations for specific body parts. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit and unit use for acute (less than three months) pain. The available record provides indication that there has been improvement through the use of the normally recommended treatments, there is no literature to support its use in these types of injuries. As such the request for 1 if unit purchase and supplies (leadwires, electrodes, batteries, wipes) is not medically necessary.