MAXIMUS Federal Services

Case Number:	CM14-0205006		
Date Assigned:	12/17/2014	Date of Injury:	11/26/2012
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52 year old male who sustained an industrial injury on 11/25/12 when he fell in the attic after his foot got caught in a ceiling tile. This resulted in knee and back injury. He had sustained a strain of the medial collateral ligament and tear of the menisci. He had surgery of his right knee in 2013. His other treatment included knee joint injections, physical therapy and medications. The Orthopedic consultation note from 11/17/14 was reviewed. His symptoms included back pain with occasional radiation to the right hip, right leg and right knee pain. He reported occasional numbness and tingling in the two toes beside the big toe and weakness. Pertinent examination findings included limited lumbar spine flexion, normal sensation and normal motor strength. Straight leg rising testing was bilaterally negative and Laseague's test was positive. There was positive patellofemoral pain and crepitation bilaterally in knees. His diagnoses included lumbar spine sprain/strain with right sciatica, status post right knee arthroscopic surgery. He declined medications. The plan of care included chiropractic therapy three times a week for four weeks, Naprosyn topical cream, interferential unit and Synvisc intra-articular injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 119-120.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post-operative pain limiting the ability to perform exercise programs. In this case, there isn't enough documentation of failure of conservative measures for the patient's low back pain. There is no documentation of medication use, physical therapy for low back or substance abuse history. Hence, the medical necessity criteria for Interferential therapy are not met and the request is not medically necessary.