

Case Number:	CM14-0207524		
Date Assigned:	12/19/2014	Date of Injury:	11/09/2013
Decision Date:	02/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 11/9/2013 involving twisting of his right knee. He was diagnosed with knee sprain/strain, right knee collateral ligament tear, osteoarthritis of the knee, and internal derangement of the right knee. He returned to full time work, but continued to experience pain in the right knee. He was treated with medications, knee brace, physical therapy, acupuncture, and injection. On 7/10/14, there was a request for a one month trial of a TENs unit. On 12/1/14, the worker was seen by his primary treating physician reporting continual right knee pain, rated 2-3/10 on the pain scale. He reported the physical therapy not helping, nor did the acupuncture. No mention of the TENS unit was made in the progress note. Physical findings revealed normal gait, tenderness/ecchymosis/edema of the right knee, right knee crepitus, and 5/5 strength of the right leg (also noted weakness and pain of the right leg). He was then recommended a Kneehab XR for quad strengthening of his right leg, Supartz injections, MRI of the right knee, and topical ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential current stimulation (ICS) unit: 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 MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was evidence to suggest that the ICS device (Kneehab XR) was to be used with home exercises for quad strengthening in his right leg. Physical findings indicated normal strength (5/5 motor strength) but leg weakness was also noted for the right leg, which is unclear. It was unclear from the documentation whether or not the requested TENS unit was trialed or not. Also, the request for the ICS device did not include specifics such as whether or not it was for rental or purchase and for how long the rental would be for. Therefore, the Kneehab XR device will be considered medically unnecessary for now.