

Case Number:	CM14-0208188		
Date Assigned:	12/22/2014	Date of Injury:	07/03/2013
Decision Date:	02/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 36-year-old woman who sustained a work related injury on July 3, 2013. Subsequently, she developed chronic knee pain. Prior treatments included: rest, anti-inflammatory medications, work modification, activity restrictions, acupuncture, psychiatric treatment, physical therapy (with temporary relief), and 2 cortisone injections into the left knee (with temporary relief). MRI of the left knee dated February 18, 2014 showed joint effusion. There was mild chondromalacia of the patella. The non-communicating intrameniscal signal within the posterior horn of the medial meniscus was consistent with myxoid degeneration. X-rays of the left knee dated March 21, 2014 showed no evidence of acute fracture, dislocation, or suspicious bone lesion. According to a progress report dated September 22, 2014, the patient complained of pain in both knees, left greater than right and pain in the back as well, but his main complain was the left knee. He stated he has had injections prior; however, they have worn off and they did help initially. The patient rated the level of his pain as a 5-6/10. Examination of the right knee revealed medial and lateral joint line tenderness on the right. there was positive McMurray's test on the right. there was Clark's test positive on the right. examination of the left knee revealed tenderness in the medial joint line of the left knee. There was positive McMurray's test on the left. There was pain with range of motion in the left knee. The patient was diagnosed with bilateral knees internal derangement. The provider requested authorization for MRA left knee, Referral to Orthopedist for the left knee, and Interferential Muscle Stimulator and Supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. Furthermore, MRA is not indicated for knee pathology. Therefore, the request for MRA left knee is not medically necessary.

Referral to Orthopedist for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for an office visit for Ortho. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Referral to Orthopedist for the left knee is not medically necessary.

Interferential Muscle Stimulator and Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Interferential Current Stimulation (ICS) is 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. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the prescription of interferential stimulator is in conjunction with other intervention. Therefore, the prescription of Interferential Muscle Stimulator and Supplies is not medically necessary.