

Case Number:	CM15-0100918		
Date Assigned:	06/03/2015	Date of Injury:	10/08/2013
Decision Date:	07/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 10/8/13. He reported initial complaints of left knee pain. The injured worker was diagnosed as having osteoarthritis NOS-left leg; patellar tendinitis left. Treatment to date has included status post left total knee replacement (7/2014); physical therapy; medications. Currently, the PR-2 notes dated 4/22/15 indicated the injured worker complains of left knee. Regarding the left knee pain, it is described as achy, burning, shooting, throbbing and dull. The pain is rated as 3-6/10 and is better with sitting with bent knee and worse with climbing stairs and is constant. Notes document the injured worker is schedule to begin physical therapy. Review of systems documents neurological exam is positive for numbness, musculoskeletal exam is positive for joint pain. Currently, medications are listed as Neurotin 300mg 2 tabs daily; Pennsaid 2% - is ineffective and also taking heart and hypertension medications from the PMD. Treatment to date has been physical therapy 10 sessions pre-operatively; status post left total knee surgery on 7/2014 and then 24 sessions of physical therapy post-operatively. The provider is requesting DME Interferential Unit with garment 30 day trial for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Interferential Unit with garment 30 days trial for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120. Decision based on Non-MTUS Citation ODG Pain.

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

Decision rationale: The patient presents with left knee pain rated 3-6/10. The request is for DME INTERFERENTIAL UNIT WITH GARMENT 30 DAYS TRIAL FOR THE LEFT KNEE. The request for authorization is dated 04/28/15. The patient is status-post left knee TKR, 07/2014. X-ray of the left knee, 03/13/14, shows progressive narrowing of the medial and lateral joint spaces and stable smooth 3 to 4 mm dystrophic or post-traumatic calcific-like density above the posterior tibial plateau as well as minimal pointing at the superior-posterior patella. Physical examination of the left knee reveals tenderness to palpation diffusely with positive swelling. Patient had 24 sessions of post-op physical therapy. Patient's medications include Neurontin and Pennsaid. Per progress report dated 04/22/15, the patient is returned to modified work. MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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.)" If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Per progress report dated, 04/22/15, treater's reason for the request is "The patient has chronic intractable pain. The patient's pain is ineffectively controlled." MTUS guidelines support the use of an Interferential Unit when pain is ineffectively controlled. In this case, the patient continues with left knee pain and is unresponsive to conservative measures and medications. Review of provided medical records do not indicate that the patient has previously trialed an Interferential Unit. However, MTUS does not support the use of a "Garment" during the one-month trial period. Therefore, the request IS NOT medically necessary.