

Case Number:	CM15-0102689		
Date Assigned:	06/05/2015	Date of Injury:	02/20/2010
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 42 year old female, who sustained an industrial injury on 02/20/2010. According to a progress report dated 04/20/2015, the injured worker's complaints of pain included the left posterior shoulder, left cervical dorsal, right posterior shoulder, right cervical dorsal, upper thoracic, right posterior arm, left posterior arm, right anterior shoulder, right anterior arm, left anterior shoulder left anterior arm, left lumbar, left sacroiliac, lumbar right lumbar, right sacroiliac, right anterior knee and left anterior knee. Discomfort was rated 6 on a scale of 1-10. Pain at its worse was rated 8. She had numbness, tingling of the right anterior leg and right posterior leg, dizziness, anxiety, stress and insomnia. She felt better with rest, physical therapy and topical compound. Diagnostic impression included knee arthroscopic surgery right knee, tear of medial cartilage or meniscus of knee, rotator cuff syndrome shoulder and lumbar intervertebral disc disorder with myelopathy. She was experiencing a severe flare up. Recommendations included a revision of the right knee. The treatment plan included an interferential unit for home use, Norco, Lidoderm patches, Prilosec and MRI of the lumbar spine and bilateral shoulders. The injured worker was temporarily totally disabled for 45 days. Currently under review is the request for initial trial of home interferential stimulator (1 month rental.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial trial of home interferential stimulator (1 month rental): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), pp. 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 a plan to continue to use medication while trialing the ICS device at home for one month, which would be reasonable considering the persistent complaints of pain with the current treatment regimen. There was no clear contraindication seen in the documentation provided, and therefore, it is medically necessary to trial the home interferential stimulator for one month as requested.