

Case Number:	CM15-0104907		
Date Assigned:	06/09/2015	Date of Injury:	03/14/2003
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 57-year-old male, who sustained an industrial injury on 3/14/03. The injured worker has complaints of pain in both knees, right greater than left. The documentation noted that the injured worker continues to experience pain in the low back with radiating pain to the right lower extremity with numbness and tingling in the right lower extremity and pain in the coccyx area. He continues to experience pain in the right shoulder aggravated by the use of a cane and crutches. The documentation noted on examination that the lumbar spine had tenderness on palpation of the paravertebral muscles and range of motion was limited in all planes. The examination of the right knee revealed swelling and effusion and there was tenderness on palpation of the medial joint line and had restricted range of motion in flexion. Left knee examination revealed tenderness on palpation of the medial and lateral joint line with tenderness of palpation of the patellofemoral joint. Right shoulder examination revealed tenderness to palpation of the anterior and lateral aspect of the shoulder. The diagnoses have included lumbar disc derangement at multiple levels; lumbar radiculitis/radiculopathy; bilateral knee pain; bilateral knee chondromalacia patella and medial and lateral meniscus tear of the right knee. Treatment to date has included cortisone injections; tylenol #4; naproxen; omeprazole; psychological counseling; right knee arthroscopy surgery in 2006 or 2007; magnetic resonance imaging (MRI) of the right knee revealed meniscal tearing and right knee X-rays on 5/4/15 revealed an old healed patella fracture with minimal step-off. The request was for interferential current therapy (IFC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential current therapy (IFC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation ODG Low Back, under Interferential Stimulators.

Decision rationale: This claimant was injured back in 2003, with knee pain, right greater than left. There have been arthroscopic surgeries, and steroid injections and counseling. The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately not medically necessary.