MAXIMUS Federal Services

Case Number:	CM15-0109802		
Date Assigned:	06/16/2015	Date of Injury:	02/21/2011
Decision Date:	08/31/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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 49 year old male, who sustained an industrial injury on 2/21/11. The injured worker was diagnosed as having cervicalgia, right side rib fractures, lumbar spine sprain/strain, lumbar spine tapering of the AP thecal sac, lumbar spine with bilateral lower extremity radiculopathy, left knee post op meniscectomies, left post op status arthrotomy and right knee grade II-III chondromalacia, right knee with focal moderate grade chondrial fissuring at lateral patellar facet, right knee patellofemoral misalignment and sleep disorder. Treatment to date has included oral medications, left knee arthroscopy, right knee arthroscopic surgery 5/5/15, physical therapy and activity restrictions. Currently, the injured worker complains of intense pain in right knee since surgical procedure. He is currently not working. Physical exam noted significant pain in right with radiation to right knee. A request for authorization was submitted for interferential stimulator, monthly electrodes, monthly batteries, lead wire and shipping and handling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC).

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with RIGHT knee pain rated 8/10. The patient is status post left total knee replacement May 2013, and RIGHT knee arthroscopic partial meniscectomy 05/05/15. The request is for Interferential Stimulator. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes degenerative joint disease of leg, osteoarthrosis NOS. Physical examination on 06/25/15 revealed significant pain that radiates to patient's leg. X-rays taken on 06/25/15 show no increase in osteoarthritis. Treatment to date has included surgeries, imaging studies, knee injection, physical therapy, activity restrictions and medications. The patient is off-work, per 06/25/15 report. MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "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.). If those 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." ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC) states: "Under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. (Jarit, 2003)" Per vendor generated 04/23/15 Medical Necessity Addendum provided by requesting physician, "the patient has utilized the interferential stimulator during the prescribed trial period. The patient has benefited from daily use of the medical device with improved function, decreased pain and reduction of need for pain medication. Purchase of the device will provide the patient a self-management modality to control pain, spasm, promote active exercise/rehab program, improve functional capacity and activities of daily living. 6-12 months supplies." Treater has not provided reason for the request, nor indicated body part to be treated in progress reports. Per 06/25/15 report, treater states "on examination today, the patient is recommended to begin post-operative physical therapy of 3 times a week for 4 weeks to regain strength and mobility for the right knee. Patient is instructed to continue using crutches for this week only, as well as encouraged to do heat and ice contrast therapy to help with symptoms." It would appear the interferential stimulator is intended for postoperative use for the patient's knee. MTUS states interferential unit would be indicated for "Significant pain from postoperative conditions" that

would limit "the ability to perform exercise programs/physical therapy treatment." In this case, treater has documented that patient will start postoperative physical therapy, thus not necessitating the use of interferential unit based on guidelines. Furthermore, ODG does not support IFC post knee surgery, as this therapy modality is still under study. This request in not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

16 adhesive remover towel mint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC).

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with RIGHT knee pain rated 8/10. The patient is status post left total knee replacement May 2013, and RIGHT knee arthroscopic partial meniscectomy 05/05/15. The request is for 16 Adhesive Remover Towel Mint. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes degenerative joint disease of leg, osteoarthrosis NOS. Physical examination on 06/25/15 revealed significant pain that radiates to patient's leg. X-rays taken on 06/25/15 show no increase in osteoarthritis. Treatment to date has included surgeries, imaging studies, knee injection, physical therapy, activity restrictions and medications. The patient is off-work, per 06/25/15 report. MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "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.). If those 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." ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC) states: "Under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. (Jarit, 2003)" Per vendor generated 04/23/15 Medical Necessity Addendum provided by requesting physician, "the patient has utilized the interferential stimulator during the prescribed trial period. The patient has benefited from daily use of the medical device with improved function, decreased pain and

reduction of need for pain medication. Purchase of the device will provide the patient a self-management modality to control pain, spasm, promote active exercise/rehab program, improve functional capacity and activities of daily living. 6-12 months supplies." Treater has not provided reason for the request, nor indicated body part to be treated in progress reports. Per 06/25/15 report, treater states "on examination today, the patient is recommended to begin post-operative physical therapy of 3 times a week for 4 weeks to regain strength and mobility for the right knee. Patient is instructed to continue using crutches for this week only, as well as encouraged to do heat and ice contrast therapy to help with symptoms." It would appear the interferential stimulator is intended for postoperative use for the patient's knee. MTUS states interferential unit would be indicated for "Significant pain from postoperative conditions" that would limit "the ability to perform exercise programs/physical therapy treatment." In this case, treater has documented that patient will start postoperative physical therapy, thus not necessitating the use of interferential unit based on guidelines. Furthermore, ODG does not support IFC post knee surgery, as this therapy modality is still under study. The request for IFC is not in accordan ce with guidelines, thereby the associated request for 16 Adhesive Remover Towel Mint is not warranted, either. Therefore, the request IS NOT medically necessary.

12 power packs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC).

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with RIGHT knee pain rated 8/10. The patient is status post left total knee replacement May 2013, and RIGHT knee arthroscopic partial meniscectomy 05/05/15. The request is for 12 Power Packs. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes degenerative joint disease of leg, osteoarthrosis NOS. Physical examination on 06/25/15 revealed significant pain that radiates to patient's leg. X-rays taken on 06/25/15 show no increase in osteoarthritis. Treatment to date has included surgeries, imaging studies, knee injection, physical therapy, activity restrictions and medications. The patient is off-work, per 06/25/15 report. MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "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.). If those 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." ODG-TWC,

Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC) states: "Under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. (Jarit, 2003)" Per vendor generated 04/23/15 Medical Necessity Addendum provided by requesting physician, "the patient has utilized the interferential stimulator during the prescribed trial period. The patient has benefited from daily use of the medical device with improved function, decreased pain and reduction of need for pain medication. Purchase of the device will provide the patient a self-management modality to control pain, spasm, promote active exercise/rehab program, improve functional capacity and activities of daily living. 6-12 months supplies." Treater has not provided reason for the request, nor indicated body part to be treated in progress reports. Per 06/25/15 report, treater states "on examination today, the patient is recommended to begin post-operative physical therapy of 3 times a week for 4 weeks to regain strength and mobility for the right knee. Patient is instructed to continue using crutches for this week only, as well as encouraged to do heat and ice contrast therapy to help with symptoms." It would appear the interferential stimulator is intended for postoperative use for the patient's knee. MTUS states interferential unit would be indicated for "Significant pain from postoperative conditions" that would limit "the ability to perform exercise programs/physical therapy treatment." In this case, treater has documented that patient will start postoperative physical therapy, thus not necessitating the use of interferential unit based on guidelines. Furthermore, ODG does not support IFC post knee surgery, as this therapy modality is still under study. The request for IFC is not in accordance with guidelines, thereby the associated request for 12 Power Packs is not warranted, either. Therefore, the request IS NOT medically necessary.

Electrode pack: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation has the following regarding ICS units Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC).

Decision rationale: Based on the 06/25/15 progress report provided by treating physician, the patient presents with RIGHT knee pain rated 8/10. The patient is status post left total knee replacement May 2013, and RIGHT knee arthroscopic partial meniscectomy 05/05/15. The request is for Electrode Pack. Patient's diagnosis per Request for Authorization form dated 04/23/15 includes degenerative joint disease of leg, osteoarthrosis NOS. Physical examination on 06/25/15 revealed significant pain that radiates to patient's leg. X-rays taken on 06/25/15 show no increase in osteoarthritis. Treatment to date has included surgeries, imaging studies, knee injection, physical therapy, activity restrictions and medications. The patient is off-work, per 06/25/15 report. MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "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.). If those 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." ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Interferential current therapy (IFC) states: "Under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. (Jarit, 2003)" Per vendor generated 04/23/15 Medical Necessity Addendum provided by requesting physician, "the patient has utilized the interferential stimulator during the prescribed trial period. The patient has benefited from daily use of the medical device with improved function, decreased pain and reduction of need for pain medication. Purchase of the device will provide the patient a self-management modality to control pain, spasm, promote active exercise/rehab program, improve functional capacity and activities of daily living. 6-12 months supplies." Treater has not provided reason for the request, nor indicated body part to be treated in progress reports. Per 06/25/15 report, treater states "on examination today, the patient is recommended to begin post-operative physical therapy of 3 times a week for 4 weeks to regain strength and mobility for the right knee. Patient is instructed to continue using crutches for this week only, as well as encouraged to do heat and ice contrast therapy to help with symptoms." It would appear the interferential stimulator is intended for postoperative use for the patient's knee. MTUS states interferential unit would be indicated for "Significant pain from postoperative conditions" that would limit "the ability to perform exercise programs/physical therapy treatment." In this case, treater has documented that patient will start postoperative physical therapy, thus not necessitating the use of interferential unit based on guidelines. Furthermore, ODG does not support IFC post knee surgery, as this therapy modality is still under study. The request for IFC is not in accordance with guidelines, thereby the associated request for Electrode Pack is not warranted, either. Therefore, the request IS NOT medically necessary.