MAXIMUS Federal Services

Case Number:	CM15-0146217		
Date Assigned:	08/10/2015	Date of Injury:	10/03/2007
Decision Date:	09/28/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
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 70-year-old female, who sustained an industrial injury on 10-3-2007. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include status post hip replacement and bilateral total knee replacements. Treatments to date include activity modification, medication therapy, acupuncture treatments, aquatic therapy, physical therapy and an electrical muscle stimulation unit. Currently, she complained of joint pain, muscle spasm, sore muscles and headaches. On 6-26-15, the physical examination documented tenderness in the cervical spine with radiation to right upper extremity, pain in the lumbar spine, right hip and bilateral knees. The plan of care included a request to authorize durable medical equipment (DME) of a home interferential stimulator unit purchase for bilateral knee, wrists, right hip, and cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Stimulator Unit Purchase for bilateral knees, wrists, cervical and lumbar spine, right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 111-120.

Decision rationale: The patient presents with right hip, bilateral shoulders, bilateral elbow/wrist pain and cervical and lumbar spine pain. The current request is for Home Interferential stimulator unit purchase for bilateral knees, wrists, cervical and lumbar spine and right hip. The treating physician's report dated 06/26/2015 (94B) states, "She has been using the home TENS unit which has been helpful." The patient has tenderness in the lumbar spine with decreased range of motion. Straight leg raise increases low back pain. The rest of the examination is unchanged. The MTUS guidelines page 111 to 120 on IF Units states that interferential current stimulation 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. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. Medical records show that the patient has not trialed an IF Unit in the past. In this case, the MTUS guidelines recommend a trial before a purchase can be considered. The current request is not medically necessary.