

Case Number:	CM15-0146614		
Date Assigned:	08/07/2015	Date of Injury:	01/29/2010
Decision Date:	09/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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(n) 36 year old female, who sustained an industrial injury on 1-29-10. She reported injury to her left side after she fell from a platform onto concrete. The injured worker was diagnosed as having status post right total knee arthroplasty and status post left total knee arthroplasty. Treatment to date has included bilateral knee x-rays, psychological treatments, a left total knee replacement on 7-3-12, post op physical therapy, a right knee MRI, a right total knee replacement on 4-17-14, Naprosyn and Vicodin. On 4-22-15, the treating physician noted medial joint tenderness with limping ambulation to the knees. The injured worker rated her pain a 5 out of 10. As of the PR2 dated 6-3-15, the injured worker reports pain in her bilateral knees. She rates her pain a 7 out of 10. She is using an interferential unit, which has decreased her pain. The treating physician requested a purchase of an IF unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF Unit and supplies: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. In this case, the injured worker has had a previous trial with the interferential unit with documented efficacy of "it helps with pain". However, on the latest periodic review she rates her pain as 7 out of 10. Additionally, there is no evidence of objective functional improvement with the use of the interferential unit, the request for purchase of IF unit and supplies is determined to not be medically necessary.