

<b>Case Number:</b>	CM15-0161980		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/18/2001
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial injury on 09-18-2001. She reported injury to her low back and knees that occurred as a result of a fall. On 04-02-2015, she underwent arthrotomy to the left knee with total knee arthroplasty. According to a progress report dated 07-23-2015, the injured worker was seen for a follow up of her left knee. She was experiencing a weird tingly and painful sensation over the highest part of the surgical scar whenever she lightly touched it or even when her pants touched it lightly. She was also experiencing numbness in her toes on the left side. Pain was rated 7 on a scale of 1-10. Diagnoses included status post left knee arthrotomy. The injured worker was doing better and physical therapy was helping. The burning sensation that she felt medially on her left knee from her prior visit had diminished but still had tenderness over the lateral side of her left knee. X-rays of the left knee and left tibia showed no increase of osteoarthritis. The treatment plan included an interferential unit for 30-60 day rental and purchase if effective for long term care with supplies, continuation of physical therapy and Percocet 10-325 mg #50. Currently under review is the request for 12 sessions of physical therapy, Percocet 10-325 mg #50, interferential unit 30-60 day use and purchase unknown interferential unit supplies. Physical therapy notes submitted for review show 18 sessions of physical therapy were completed between from 04-28-2015 and 07-20-2015. Documentation shows that the injured worker was being prescribed opioids by 2 different providers in July.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Physical Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the MTUS, physical therapy should be prescribed as an "initial course", which is one half the total recommended numbers of visits. All additional physical therapy medical necessity is contingent upon evidence of functional improvement. The MTUS also says that "In cases where no functional improvement is demonstrated, post-surgical treatment shall be discontinued at any time during the post-surgical physical medicine period." Recommended guidelines for Arthroplasty: 24 visits over 10 weeks. Post-surgical physical medicine treatment period: 4 months. In this case, documentation shows that the injured worker completed 18 sessions of physical therapy between 04-28-2015 and 07-20-2015. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Percocet 10/325mg #50: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-

related behaviors. MTUS Guidelines state that pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. Prescriptions should be from a single practitioner and taken as directed, and all prescriptions should be from a single pharmacy. In this case, documentation shows long term use of opioids. The treating provider did not document the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In addition, documentation shows that the injured worker was being prescribed opioids in July 2015 by two different providers. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**IF Unit 30-60 Day Use and Purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Knee & Leg (Acute & Chronic) Interferential current therapy (IFC).

**Decision rationale:** Interferential Current Stimulation (ICS) 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. 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-interpretible for recommendation due to poor study design and/or methodologic issues. In addition although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. As per Official Disability Guidelines (ODG) Interferential current therapy (IFC) is 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. In this case, the injured worker was 3 1/2 months post-op. The treating provider's notes do not provide clear information about the failure of current conservative treatment measures and there is lack of quality evidence for the use of this device. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of the guidelines, the medical necessity for Interferential Current Stimulation (ICS) unit has not been established. The requested Treatment for Interferential Current Stimulation (ICS) is not medically necessary.

**Unknown IF Unit Supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Knee & Leg (Acute & Chronic) Interferential current therapy (IFC).

**Decision rationale:** Interferential Current Stimulation (ICS) 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. 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. In addition although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. As per Official Disability Guidelines (ODG) Interferential current therapy (IFC) is 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. In this case, the injured worker was 3 1/2 months post-op. The treating provider's notes do not provide clear information about the failure of current conservative treatment measures and there is lack of quality evidence for the use of this device. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of the guidelines, the medical necessity for Interferential Current Stimulation (ICS) unit has not been established. In this case, the interferential unit was denied, Therefore, medical necessity for the requested treatment is not established. The requested treatment unknown IF Unit Supplies is not medically necessary.