

Case Number:	CM15-0165900		
Date Assigned:	09/03/2015	Date of Injury:	06/15/2005
Decision Date:	10/06/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This 50-year-old male sustained an industrial injury on 6-15-05. He subsequently reported knee pain. Diagnoses included displacement of lumbar intervertebral disc without myelopathy and osteoarthritis. Treatments to date include MRI testing, surgery and prescription pain medications. The injured worker has continued complaints of right knee pain. Upon examination, there was tenderness about the right knee. Right knee range of motion was reduced. A request for IF Unit & Supplies was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit & Supplies: 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 Interferential Current Stimulation Page(s): 118-120.

Decision rationale: The current request is for IF Unit & Supplies. The RFA is dated 07/14/15. Treatments to date include MRI testing, knee surgery (2009, 2010), physical therapy and

prescription pain medications. The patient may return to modified duty. MTUS pages 118-120, Interferential Current Stimulation (ICS) Section states: "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. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. 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." Per report 07/09/15, the patient presents with bilateral knees and lumbar spine pain. The patient complained of persistent pain with stiffness in the knees. X-rays were taken of the knees, which showed no increase in osteoarthritis. Treatment plan was for "patient to receive an interferential unit for 30-60 days rental and purchase if effective for long term case with supplies as needed to manage pain and reduce medication usage." With regard to the interferential unit, there is no evidence that pain is not effectively controlled with medications, history of substance abuse or postoperative pain or unresponsiveness to conservative measures. Furthermore, MTUS requires a 30-day trial showing pain and functional benefit before a home unit is allowed. In this case, the treater states that the request is for 30-60 days rental, which exceeds what is allowed by MTUS. This request is not medically necessary.