

Case Number:	CM15-0165988		
Date Assigned:	08/31/2015	Date of Injury:	07/17/2014
Decision Date:	10/06/2015	UR Denial Date:	07/28/2015
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, 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 66 year old female who sustained an industrial injury on 7-17-14. Diagnoses are adhesive capsulitis-shoulder, internal derangement shoulder, sprain shoulder, rotator cuff sprain, chondromalacia patella knee, sprain of knee, torn medial meniscus knee, degenerative joint disease knee, and joint contracture -leg. In a progress report dated 6-8-15, the primary treating physician notes subjective complaints of bilateral shoulder and knee pain. Range of motion of the knees is noted as flexion on the right is 120 and the left is 115 degrees, extension on the right is -10 and on the left is 115 degrees. There is bilateral patellar grinding and crepitation. She has an antalgic gait. The right and left shoulder have decreased ranges of motion. Previous treatment includes medication, orthopedic evaluation, MRI, acupuncture, and physical therapy. Work status is temporary total disability. The requested treatment is rental of an Interferential Unit for 5 months (electrodes, lead wires, adaptor, installation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Interferential Unit x 5 Months (Solace Multi Stim Unit, Electrodes, Lead Wires, Adaptor, Installation): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114.

Decision rationale: The patient presents with pain affecting the bilateral shoulders and knees. The current request is for Rental of Interferential Unit x 5 Months (Solace Multi Stim Unit, Electrodes, Lead Wires, Adapter, Installation). The treating physician report dated 6/8/15 (40B) states, "Request authorization for Interferential Unit to be used at home." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, the current request for a 5 month rental without documentation of functional improvement is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.