

Case Number:	CM15-0187474		
Date Assigned:	09/29/2015	Date of Injury:	05/24/1999
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 75 year old female, who sustained an industrial injury on 5-24-1999. Medical records indicate the worker is undergoing treatment for knee osteoarthritis. A recent progress report dated 8-10-2015, reported the injured worker complained of bilateral knee pain rated 3 out of 10. Physical examination revealed pain, stiffness and mild swelling with "limited range of motion". Bilateral knee x rays show no increase in osteoarthritis. Treatment to date has included physical therapy and medication management. On 8-19-2015, the Request for Authorization requested Durable Medical Equipment, IF Unit And Supplies-60 Days Rental Then Purchase If Effective For Long Term Care, For Bilateral Knees. On 8-26-2015, the Utilization Review noncertified the request for Durable Medical Equipment, IF Unit And Supplies-60 Days Rental Then Purchase If Effective For Long Term Care, For Bilateral Knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment, IF Unit And Supplies 60 Days Rental Then Purchase If Effective For Long Term Care, For Bilateral Knees: 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 rationale: Durable medical equipment, IF Unit and supplies 60 days rental then purchase if effective for long term care, for bilateral knees is not medically necessary per the MTUS Guidelines. The guidelines state that the interferential unit 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial 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. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The guidelines do not support a 60 day trial period therefore this request is not medically necessary.