MAXIMUS Federal Services

Case Number:	CM15-0203781		
Date Assigned:	10/20/2015	Date of Injury:	09/12/2014
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho Certification(s)/Specialty: Orthopedic Surgery

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 62 year old male who sustained an industrial injury on 9-12-14. A review of the medical records indicates he is undergoing treatment for status post bilateral knee arthroscopies with slight spurring at the tibial spine bilaterally, lumbar spine musculoligamentous sprain and strain with spondylosis at L5-S1 and bilateral lower extremity radiculitis, overuse tendinitis of the bilateral upper extremities (elbows and wrists)-rule out cubital tunnel syndrome and carpal tunnel syndrome (9-15-15), status post multiple right inguinal hernia repairs, and status post left inguinal hernia repair (7-14-15). Medical records (9-15-15) indicate complaints of bilateral knee pain with "popping and clicking". He reports that he "can't stand or walk too long". The effects of his symptoms on activities of daily living include difficulty with bathing, dressing, getting on and off the toileting, donning and doffing socks and shoes, opening jars, standing, sitting, getting in and out of chairs and bed, climbing stairs, working outside, housework, shopping, walking, lifting objects, and caring for children. The physical exam (9-15-15) indicates "slight" patellar swelling of bilateral knees. Tenderness to palpation is noted in the medial and lateral joint lines bilaterally. Patellar grind is "positive". Range of motion is diminished. Tenderness to palpation is also noted of the lumbar spine with diminished range of motion. The straight leg raise test is negative. Spasm is noted of the paravertebral muscles bilaterally. Diagnostic studies have included an MRI of the lumbar spine and an EMG-NCV study of bilateral lower extremities. Treatment has included physical therapy and medications. He is not working. Treatment recommendations include continuation of physical therapy and medications, as well as a request for an interferential unit to reduce muscle

spasms and pain, as well as medication use and increase activities of daily living. The utilization review (9-16-15) includes a request for authorization of a one-month rental of interferential unit with supplies. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month rental of interferential unit with supplies (4 electrodes, 12 batteries, 1 leadwires, 16 remover) including shipping fee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guideline, page 118, use of interferential current stimulation 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. The DME item requested is not supported by the cited guidelines and therefore is not medically necessary.