MAXIMUS Federal Services

Case Number:	CM15-0207098		
Date Assigned:	11/13/2015	Date of Injury:	03/06/2009
Decision Date:	12/29/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 male, who sustained an industrial injury on 3-6-09. The injured worker was diagnosed as having right knee osteoarthritis. Subjective findings (5-22-15, 7-17-15) indicated right knee pain. The injured worker reported benefiting from IF unit, but she has run out of supplies. Objective findings (5-22-15, 7-17-15) revealed unable to test right knee range of motion due to pain. As of the PR2 dated 9-11-15, the injured worker reports 8 out of 10 right knee pain. Objective findings include tenderness to palpation of the medial and lateral joints, positive patellofemoral crepitation and right knee flexion is 110 degrees and extension 10 degrees. Treatment to date has included an IF unit and Motrin. The Utilization Review dated 9-28-15, non-certified the request for an IFC home unit supplies (x 12months) and a surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

IFC Home unit supplies (x12 months): 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: Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing neck and lower back pain, depressed moods, problems sleeping, and right knee pain. There was no suggestion of having failed treatment with medications, intolerable negative side effects, or pairing with other treatments other than the continued unchanged maintenance home exercise program. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request for a large amount of supplies does not account for changes in the worker's care needs. For these reasons, the current request for twelve months of supplies for an interferential unit used at home is not medically necessary.

Surgical consultation: 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): Introduction.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing neck and lower back pain, depressed moods, problems sleeping, and right knee pain. There was no discussion detailed how a specialist consultation would be helpful in improving the worker's function or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a consultation with a surgical specialist is not medically appropriate.