

Case Number:	CM15-0038749		
Date Assigned:	03/09/2015	Date of Injury:	08/02/2013
Decision Date:	07/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 8/2/13. He has reported initial complaints of injuries to the cervical spine, lumbar spine, bilateral knee and ankle. The diagnoses have included lumbar strain/sprain, cervical strain/sprain, left and right knee strain/sprain internal derangement status post arthroscopy, right and left ankle sprain/strain rule out internal derangement, cephalgia, right and left inguinal hernia and sleep disorder. Treatment to date has included medications, diagnostics, activity modifications, consultations and physical therapy. Currently, as per the physician progress note dated 1/27/15, the injured worker complains of pain in the neck with radicular symptoms into the right and left arms, pain in the lower back with radicular symptoms into the right and left legs, pain in the right and left knees, and pain in the right and left foot and ankles. The objective findings reveal decreased cervical range of motion, positive foraminal compression test, positive Spurling's test, and tightness and spasm were noted. The lumbar spine exam reveals decreased range of motion, tightness and spasm, hypoesthesia along the foot and ankle dermatomes bilaterally, and weakness with big toe dorsiflexion and big toe plantar flexion bilaterally. The right and left knee exam reveals range of motion with extension is 180 degrees and flexion is 120 degrees, McMurray's test is positive on the right and left, there is medial joint line tenderness right and left, and chondromalacia patellar compression test is positive right and left. The exam of the right and left ankle reveal range of motion with plantar flexion is 50 degrees right and left, dorsiflexion is 10 degrees right and left, inversion is 30 degrees right and left and eversion is 10 degrees right and left, there is tenderness to the plantar fascial attachment to the calcaneus right

and left, tenderness to the Achilles tendon attachment to the calcaneus right and left and medial and lateral joint line tenderness right and left. The current medications included Lidoderm patches and compounded creams. The previous physical therapy sessions were not noted in the records. Treatment plan was electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities to evaluate for nerve injury, Magnetic Resonance Imaging (MRI) of the lumbar spine to establish pathology, Magnetic Resonance Arthrogram (MRA) of the right and left knee to establish internal derangement, Magnetic Resonance Imaging (MRI) of the right and left ankle to establish presence of internal derangement, cortisone injection for the right and left knee for analgesic purposes, continue with physical therapy for increased range of motion, strength training and decreasing pain, general surgery consult for inguinal hernia repair, neurological evaluation for headaches and a cane for support with ambulation. The physician requested treatment included Interferential Unit (IF) Unit 5 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, IF unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) five month rental is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications, due to side effects of medications; history of substance abuse, significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy, unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are sprain strain-lumbar spine, sprain strain cervical spine, left knee sprain strain internal derangement status post arthroscopy, right knee sprain strain internal derangement status post arthroscopy, left and right ankle sprain strain, cephalgia, gout, etc. Subjectively, the most recent progress note in the medical record dated January 27, 2015 (request for authorization February 10, 2015), the injured worker has complaints of pain in the neck with radicular symptoms into the upper extremities bilaterally. There are radicular symptoms in the lower extremities. The injured worker complains of pain in the bilateral knees and right and left foot ankle. Objectively, cervical spine range of motion is decreased spasms and tightness. Lumbar spine range of motion

is decreased. The discussion section does not contain a request, clinical indication or rationale for an interferential unit five month rental. Requests include EMG-NC the lower extremities, MRI lumbar spine, MRI arthrogram right and left knee, MRI right left ankle, ultrasound guided cortisone injection right and left knee, physical therapy, general surgery consult, neurologic evaluation for headaches and a prescription for a cane. Consequently, absent clinical documentation with the request, clinical indication and rationale for an interferential unit, interferential unit five month rental is not medically necessary.