

Case Number:	CM15-0046727		
Date Assigned:	03/19/2015	Date of Injury:	12/29/2008
Decision Date:	11/16/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female who sustained an industrial injury on 12-29-2008. Current diagnosis include osteoarthritis. Report dated 02-04-2015 noted that the injured worker presented with complaints that included bilateral knee pain. Pain level was 3, and 8 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 02-04-2015 revealed sharp left knee pain with clicking and limited range of motion, as well as right knee pain to the anterior and medial aspect. Previous diagnostic studies included bilateral knee pain. Previous treatments included medications and surgical intervention, and physical therapy. The treatment plan included request for physical therapy and interferential unit, administered a urine toxicology screening, and re-check in six weeks. The utilization review dated 03-05-2015, non-certified the request for 1 interferential unit and modified the request for 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: 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: CA MTUS guidelines state that interferential therapy (IF) is not recommended as an isolated intervention. A 1 month home-based TENS trial may be considered a noninvasive conservative option if used as an adjunct to a program of functional restoration. In this case, the patient is status-post left knee surgery approximately 1 year ago and continues to have chronic pain. Medications reportedly reduce pain 50%. There is no documentation suggesting that the patient is unable to perform home exercise or participate in physical therapy (PT). Criteria for use of transcutaneous electrotherapy includes, 1) pain is ineffectively controlled due to diminished effects of medications; 2) pain is ineffectively controlled by medications due to side effects; 3) patient has a history of substance abuse; 4) there is significant post-op ability to perform exercise programs/PT; 5) patient is unresponsive to conservative measures. In this case, the patient does not meet the above criteria and therefore the request is not medically necessary or appropriate.

Physical therapy sessions: 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): Physical Medicine.

Decision rationale: CA MTUS Guidelines support physical therapy (PT) for the treatment of musculoskeletal pain. The benefits of PT include increased flexibility, strength, endurance, range of motion and alleviation of pain. Guidelines recommend up to 10 PT sessions for treatment of myalgias and myositis. The patient had surgery approximately 1 year ago on the knee and is outside the post-surgical period for arthritis-related procedures. At this point, the patient should be well versed in a home-exercise program. A request for 12 PT visits exceeds guidelines. A shorter course of therapy should establish efficacy of PT. There is also a lack of documentation regarding prior treatments and efficacy. Therefore, the request is not medically necessary or appropriate.