

Case Number:	CM15-0055065		
Date Assigned:	03/30/2015	Date of Injury:	07/10/2009
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, California

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 59 year old male, who sustained an industrial injury on 7/10/09. He reported left knee injury. The injured worker was diagnosed as having left knee medial meniscal tear, posterior horn; left knee parameniscal cyst and left knee degenerative joint disease. Treatment to date has included physical therapy, left knee arthroscopy, corticosteroid injection of left knee, viscosupplement injections, and oral medications including narcotics. (MRI) magnetic resonance imaging of left knee was performed on 8/11/14. Currently, the injured worker complains of left knee pain with small mass that will swell and decompress. Upon physical exam dated 8/12/14, a small soft, non-tender mass was palpable along mid-medial joint line and moderate crepitus is noted throughout motion arc. Tenderness to palpation is noted mid to post medial joint line also. The treatment plan noted at that time is for outpatient surgery, physical surgery, pre-surgical clearance and purchase of ice/gel packs and crutches or cane. Per the doctor's note dated 3/5/15 patient had complaints of low back and neck pain and bilateral knee and shoulder pain. Physical examination revealed muscle spasm, tenderness on palpation. Limited range of motion of the lumbar and cervical region, positive impingement sign of shoulder and McMurray's sign of knee. The patient has had the left knee that revealed meniscus tear. The medication list include Ambien, ibuprofen and Vicodin. The patients' surgical history include bilateral knee and shoulder surgery and right hip surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 118-120 Interferential Current Stimulation (ICS).

Decision rationale: Request: Durable Medical Equipment interferential unit. Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) 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." Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate 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." Per the records provided, any indication listed above is not specified in the records provided. The records provided do not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this injury. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of the request for Durable Medical Equipment interferential unit is not fully established in this patient.