

Case Number:	CM15-0074957		
Date Assigned:	04/24/2015	Date of Injury:	05/01/2012
Decision Date:	08/07/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, 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:

This injured worker is a 28 year old female who reported an industrial injury on 5/1/2012. Her diagnoses, and or impression, were noted to include: right knee patella tendonitis. No current imaging studies were noted. Her treatments were noted to include diagnostic studies; Supartz injections to the right knee; heat/ice therapy; medication management; and a return to modified work duties. The progress notes of 3/11/2015 reported a follow-up evaluation for complaints which included some improvement, but with continuation of right knee symptoms. Objective findings were noted to include tenderness to the right knee and a right knee limp. The physician's requests for treatments were noted to include the rental of an interferential unit to manage pain and restore function; as well as the purchase of the unit if successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit rental 60 days for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit
Page(s): 118.

Decision rationale: According to the guidelines an IF unit 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. In this case, the use of the IF unit is not for post-operative knee pain. A plan for comprehensive care with the IF unit is not specified. There was still a request to use invasive procedures (Supartz) injections. The use of the IF unit is not medically necessary.