

Case Number:	CM15-0087912		
Date Assigned:	05/12/2015	Date of Injury:	07/20/2012
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 53-year-old male, with a reported date of injury of 07/20/2012. The diagnoses include medial meniscal tear, chondromalacia of the patella, derangement of lateral meniscus, osteoarthritis of the knees, and knee joint pain. Treatments to date have included Supartz injections to the bilateral knees; x-rays of the bilateral knees and bilateral tibia which showed no increases of osteoarthritis; and oral medications. The progress report dated 04/01/2015 indicates that the injured worker stated that his pain remained the same since the last office visit. He was there for a follow-up examination of his bilateral knees. The objective findings include pain to the bilateral knees when walking. He had experienced a slight improvement with injection series. The progress report dated 04/08/2015 indicates that the injured worker reported that he was doing well and he was happy with the injection series. The objective findings include improvements to the bilateral knees and some soreness from the injections but had pain relief after a couple of hours. The treating physician requested a 30-60 day rental of an interferential (IF) unit for both knees to manage pain and reduce medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-60 day rental of interferential unit for both knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - knee, interferential therapy.

Decision rationale: ODG notes that interferential therapy is not generally recommended. 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). As such, the use of interferential therapy is not supported by ODG guidelines. The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy. The request is not medically necessary.