

Case Number:	CM14-0127044		
Date Assigned:	08/13/2014	Date of Injury:	04/20/2007
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old female with an injury date of 04/20/07. The 06/09/14 progress report by [REDACTED] states that the patient presents for a follow up visit for her right knee. The treater notes the patient is to return to modified work 06/20/14 with restrictions. No examination was conducted. The treater notes the patient is to receive the fourth of five Hyalgen injections to the right knee and X-Rays of the right knee show no increase in osteoarthritis. The patient's diagnoses include: 1. Osteoarthritis, unspecified whether generalized or localized, lower leg 2. Pain in unspecified knee The utilization review being challenged is dated 07/09/14. Reports from 06/03/13 to 08/21/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit and supplies (x days) rental, QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with right knee pain. The treater requests for Interferential (IF) unit and supplies (x days) rental Qty=60.00. MTUS pages 118 to 120 state that 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. MTUS further states, "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. " In this case, there is documentation that the requested unit is not an isolated treatment as the reports provided indicate pain medications, heat and ice application and Hyalgen injections. Pain does not appear to be uncontrolled as it is documented to have decreased from a rating of 7/10 on 01/16/14 to 04/10 on 05/29/14. There is no discussion that the patient meets the other selection criteria listed above. Furthermore, the request for 60 days rental exceeds the 30 days allowed for trial per MTUS. Therefore, recommendation is for denial.

Interferential (IF) Unit and supplies : QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): p118-120.

Decision rationale: The patient presents with right knee pain. The treater requests for Interferential (IF) unit and supplies (x days) rental Qty=60.00. MTUS pages 118 to 120 state that 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. MTUS further states, "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. " In this case, there is documentation that the requested unit is not an isolated

treatment as the reports provided indicate pain medications, heat and ice application and Hyalgen injections. Pain does not appear to be uncontrolled as it is documented to have decreased from a rating of 7/10 on 01/16/14 to 04/10 on 05/29/14. There is no discussion that the patient meets the other selection criteria listed above. Recommendation is for denial.