

Case Number:	CM14-0128782		
Date Assigned:	08/18/2014	Date of Injury:	09/30/2001
Decision Date:	12/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Rehabilitation & Pain Management 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 66 year old male with an injury date of 09/30/01. As per progress report dated 07/14/14, the patient complained of left knee pain. Physical examination revealed tenderness at the left knee medial joint line. Patient's current list of medications, as per progress report dated 07/14/14, includes Vicodin, Soma, and Restoril. (Physician's progress reports dated 06/16/14, 04/21/14, 03/24/14, 01/29/14, and 02/24/14 do not reveal any new information). Patient underwent bilateral shoulder arthroscopic subcromial decompression (no date provided), as per the Utilization Review Denial Letter. MRI of the Cervical Spine, dated 08/17/05, as per Utilization Review Denial Letter: 2mm broad-based posterior disc protrusion at C5-C6 with mild narrowing of the left neural foramen; 2 mm right paracentral posterior disc protrusion at C6-7 causing pressure over the anterior aspect of the thecal sac and Diagnosis, 07/14/14; Left knee medial meniscus tear; Status post bilateral shoulder; Cervical strain / Lumbar strain. The treating physician is requesting for [REDACTED] Unit. The utilization review determination being challenged is dated 07/29/14. There was no rationale found (The utilization review letter is cut off abruptly in the middle of "pertinent Clinical Information). Treatment reports were provided from 01/29/14 - 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **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 states Interferential Current Stimulation (ICS), Page(s): 118-120.

Decision rationale: The patient presents with left knee pain which shows as tenderness at the left knee medial joint line during physical examination, as per progress report dated 07/14/14. The request is for [REDACTED] Unit. MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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.) In this case, the treating physician does not discuss the objective and subjective findings associated with medication use, nor does he discuss the addiction status of the patient. The progress reports provided by the treating physician do not explain why an [REDACTED] [REDACTED] will benefit the patient instead of conservative therapy. Furthermore, 30-day rental is required before a home unit can be allowed. The request is not medically necessary.