

Case Number:	CM14-0084958		
Date Assigned:	07/23/2014	Date of Injury:	07/22/1997
Decision Date:	10/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain management and is licensed to practice in Georgia. 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 claimant is a female presenting with chronic pain following a work related injury on 07/22/1997. The claimant reported left knee pain, cervical spine and bilateral hand pain. The claimant is a status post arthroscopy as well as viscosupplementation and steroid injection of the left knee. The claimant has also tried physical therapy which she found beneficial. The claimant was diagnosed with left lateral meniscus tear. The physical exam showed mild tenderness present along the trapezius muscles bilaterally, some difficulty and mild pain arising from a fully forward flexed position, mild pain in the low back on extension, mild tenderness on palpation of the lumbar spine, mild pain elicited to palpation over the medial joint line of the left knee with tenderness. The claimant was diagnosed with cervical spine strain with disc herniation at the C5-6 level, bilateral wrist strains with bilateral carpal tunnel syndrome, lumbosacral spine strain with disc herniation at the L5-S1 level, medial an lateral meniscus tears of the left knee, status post arthroscopic surgery. A claim was placed for an Inferential Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for addl 1-2 mos w 1-2 months of supplies vs purchase of unit medically:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Therapy, Page(s): 119.

Decision rationale: Interferential Unit for additional 1-2 months with 1-2 months of supplies versus purchase of unit medically is not medically necessary. Per MTUS, Inferential Current 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....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues." As it relates to this case inferential current was recommended as solo therapy for pain associated with cervical spine herniated nucleus pulposus, thoracic spine musculature ligamentous injury, and lumbar spine herniated nucleus pulposus. Per MTUS and the previously cited medical literature inferential current is not medically necessary as solo therapy and her current diagnoses.