

Case Number:	CM15-0010856		
Date Assigned:	01/28/2015	Date of Injury:	01/18/2013
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old female, who sustained an industrial injury on January 18, 2013, from a trip and fall. She has reported injuries to the right shoulder and right knee. The diagnoses have included unspecified internal derangement of the knee, status post right shoulder surgery, right shoulder sprain/strain, right knee sprain/strain, and right shoulder impingement syndrome with rotator cuff tear. Treatment to date has included right shoulder surgery, right knee surgery, physical therapy, acupuncture and medications. Currently, the injured worker complains of constant, moderate, sharp, stabbing right shoulder pain, and constant, moderate, achy right knee pain. The Primary Treating Physician's report dated December 3, 2014, noted the injured worker status post right shoulder surgery on September 23, 2014, and status post right knee surgery August 2013. The right shoulder was noted to have painful, decreased range of motion, with tenderness to palpation of the anterior and lateral shoulder. The right knee was noted to have painful, decreased range of motion, with tenderness to palpation of the anterior, lateral, and medial knee, with McMurray's positive. On December 10, 2014, Utilization Review non-certified a one month trial of an Interferential Unit, noting the records submitted for review failed to include documentation that the injured worker's pain was ineffectively controlled due to the diminished effectiveness of the medication, side effects of medication, history of substance abuse, pain from postoperative conditions that limited the ability to perform exercise, or that the injured worker had been unresponsive to conservative measures. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of a one month trial of an Interferential Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Trial of an Interferential Unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): Chp 3 pg 4-9; Chp 9 pg 203; Chp 13 pg 339, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-120.

Decision rationale: IF (Inferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS does recommend TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. This request for use on an IF unit in this patient is not during the immediate post-surgical period although it is in conjunction with other therapies (medication, physical therapy and acupuncture therapy). This meets the criteria required for its use. Thus medical necessity for a trial of this therapy has been established.