

Case Number:	CM15-0117979		
Date Assigned:	06/26/2015	Date of Injury:	12/06/2012
Decision Date:	07/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial injury on 12/6/12 from a trip and fall landing on her right knee. She also injured her low back and ankles. She was medically evaluated given ibuprofen and patches for pain and had x-rays done of the right knee. She then had MRI of the right knee that showed tears and she had surgery 6/12/13 and post-operatively continued with right knee instability. She attended physical therapy and was given a cane for ambulation. She currently complains of back pain that spreads from the lower left side into the mid-back across to the right shoulder blade with occasional numbness to the left thigh, her pain level was 10/10; right knee pain and left knee pain due to compensating for the right knee pain. She has sleep difficulties. On physical exam of the lumbar spine there was tenderness over the lumbar paravertebral musculature, moderate facet tenderness at L4-5, sacroiliac tests were all positive bilaterally and Kemp's test was positive bilaterally and there was decreased range of motion; there was moderate bilateral knee pain and left ankle pain, patellar compression and McMurray tests were positive bilaterally. Medications were Tramadol ER, ibuprofen, Axid, omeprazole, cyclobenzaprine. Diagnoses include lumbar strain; internal derangement of the knee with chondromalacia, status post right knee arthroscopy with residual weakness; status post bimalleolar right ankle fracture; gastritis; constipation, secondary to narcotics; falls; morbid obesity; sleep disorder; lumbar facet syndrome; bilateral sacroiliac joint sprain/ strain; left ankle sprain/ strain; left knee internal derangement. Treatments to date include medications; physical therapy; aqua therapy; Wave unit, bionic brace. Diagnostics included MRI of the right knee (no date) showing tears; MRI of the lumbar spine (5/18/15) showing anterolisthesis, facet

arthropathy, disc protrusion. In the progress note dated 4/28/15 the treating provider's plan of care includes a request for interferential unit 30 day trial for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home IF unit, thirty day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118, Interferential Current Stimulation (ICS).

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Home IF unit, thirty day trial is not medically necessary and appropriate.