

Case Number:	CM15-0122178		
Date Assigned:	07/06/2015	Date of Injury:	05/23/2011
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/25/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 42 year old man sustained an industrial injury on 5/23/2011. The mechanism of injury is not detailed. Diagnoses include cervical intervertebral disc disorder with myelopathy, carpal tunnel syndrome, internal derangement of the knee, and fracture of the first metacarpal base. Treatment has included oral and topical medications. Physician notes from the pain management consult physician dated 5/14/2015 show complaints of bilateral wrist, bilateral hand, thoracic spine, and bilateral knee pain rated 4/10, anxiety, and stress. The worker rates his pain range is usually between 3/10 and 9/10. Recommendations include updated right wrist and bilateral knee MRIs, topical analgesic compound cream, interferential unit for home use, and follow up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRIs have an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request for MRI right wrist is not medically necessary.

MRI of the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient underwent an MRI of the bilateral knees in the past and there is no documentation of significant changes suggestive of a new pathology that could be identified with MRI. Therefore, the request for MRI of the bilateral knees is not medically necessary.

Interferential Stimulator Home Unit initial trial for 60 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Interferential Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, "Interferential Current Stimulation (ICS). 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. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." 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.). There is no clear evidence that the patient did not respond to conservative therapies, or has pain that limit his ability to perform physical therapy. There is no clear evidence that the prescription of interferential stimulator is in conjunction with other interventions. Therefore, the prescription of Interferential Stimulator Home Unit initial trial for 60 days is not medically necessary.