

<b>Case Number:</b>	CM15-0025983		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 60-year-old male who sustained an industrial injury on 05/23/2013. Diagnoses include chronic pain syndrome, status post right knee replacement, left knee internal derangement, left lateral knee meniscal tear, cervical disc disease, cervical radiculopathy and left shoulder rotator cuff tear. Treatment to date has included medications, surgery, and physical therapy. A physician progress note dated 01/15/2015 documents the injured worker has persistent pain to the lateral aspect of the knee and feels like his knee will give out. X rays taken of the right knee and right tibia show no increase of osteoarthritis. He rates his pain as 5 on a scale of 1 to 10. Treatment requested is for 1 DME rental interferential unit 30-60 days with supplies, and Retrospective (DOS 1/15/15) 1 Urine toxicology. On 02/01/2015 Utilization Review modified the request for 1 DME rental interferential unit 30-60 days with supplies to 1 DME rental interferential unit 30 days with supplies for 30 days, and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The request for Retrospective (DOS 1/15/15) 1 Urine toxicology was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 DME rental interferential unit 30-60 days with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** Guidelines do not recommend interferential stim as an isolated intervention and there is no evidence of effectiveness except in conjunction with recommended treatments. For patients meeting certain criteria (ineffective pain control, history of substance abuse, etc), then a one month trial may be appropriate to permit the provider to study the effects and benefits including functional improvement. In this case, the patient has a postoperative condition that has not improved with conservative treatment. Thus a trial of interferential stim is appropriate, but only for 30 days. Thus the request for 1 DME interferential unit 30-60 days with supplies is not medically necessary and appropriate.

**Retrospective (DOS 1/15/15) 1 Urine toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Section.

**Decision rationale:** Guidelines recommend use of random toxicology screens to avoid misuse of opioids when treating with chronic narcotic pain medications and in-patient thought to be at high risk of abuse. For low risk, patients testing are recommended within 6 months of initiating therapy and yearly thereafter. In this case, there was no clinical documentation indicating that the patient was high risk for drug abuse. Since the patient had undergone drug testing on 11/11/14, the test 2 months later on 1/15/15 was not medically necessary and appropriate.