MAXIMUS Federal Services

Case Number:	CM15-0063016		
Date Assigned:	04/08/2015	Date of Injury:	12/01/2010
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/02/2015

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, Pain Management

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 49-year-old female, who sustained an industrial injury on 12/1/10. She reported initial complaint acute sharp and aching pain of left ankle. The injured worker was diagnosed as having posterior tibial tendinitis; chronic sprain of deltoid ligament; tarsal tunnel syndrome; chronic left ankle pain; left plantar fasciitis; chondromalacia left knee. Treatment to date has include left ankle tendon foot injection; physical therapy 7/2012). Currently, there is a Medical Examination dated 6/10/14 that describes the injured worker complains of severe left knee pain most pronounced at night described as intermittent, sharp and stabbing. She notes periodic burning sensations with swelling in the knee. The injured worker also complains of severe left foot and ankle pain described as constant, dull, aching and frequent sharp, stabbing pain with numbness and tingling to all digits, popping, clicking, stiffness and tightness. The provider has submitted multiple other PR-2 notes for subsequent dates of service but are hand written and partially difficult to read. It is noted an "Addendum" and Prescription dated 6/17/14 was submitted and identify a request for treatment for Interferential home unit three month rental with conductive garment and Left knee ultrasound DOS 9/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit three month rental with conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Unit Page(s): 117-118.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, the time frame of the trial at 3 months is not appropriate, as guidelines specify for a 1 month trial. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Left knee ultrasound DOS 9/10/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Ultrasound (diagnostic) Entry.

Decision rationale: With regard to this request for diagnostic ultrasound for the knee, the CA MTUS does not directly address this issue. The ODG Knee Chapter specifies that ultrasound is "Recommended as indicated below: Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001) See also ACR Appropriateness Criteria."In the case of this injured worker, none of the above conditions have been documented. There is no indication as to an acute injury. The provider documents that the goal is to "rule out internal derangement, as the patient continues complain of knee pain for over 6 months." There does not appear to be a discussion of whether the patient has had x-ray or MRI, the latter of which could be potentially more diagnostic. Given this, this request is not medically necessary.