

Case Number:	CM15-0066683		
Date Assigned:	04/14/2015	Date of Injury:	10/02/2008
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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 60 year old male, who sustained an industrial injury on 10/02/2008. He reported a fall with injury to the right knee. Diagnoses include right knee osteoarthritis. He underwent right knee arthroplasty on 9/26/14. Treatments to date include activity modification, medication therapy, ice, physical therapy, therapeutic joint injections, and a home exercise program. Currently, he complained of right knee pain rated 8/10 VAS. On 3/11/15, the physical examination documented right knee swelling and limping with ambulation. The plan of care included obtaining a urine toxicology screen and a 30-60 day rental of an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, sixty days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) section Page(s): 118-1120.

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The medical records indicate that the injured worker has experienced significant benefit from knee replacement and pain medication use. The rationale of why an interferential stimulator is needed at this point is not clear. This request is for a two month trial instead of the one month trial as recommended by the MTUS Guidelines. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Interferential unit, sixty days is determined to NOT be medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 - 78, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The medical reports indicate that the injured worker has had several urine drug tests, but the results of these tests with interpretive report are not provided for review. The medical reports do not provide any concern of opioid medication abuse, addiction or poor pain control. The requesting physician indicates that the urine drug screen is requested to determine the efficacy of pain medication. Without an assessment of aberrant drug behavior including results of previous urine drug screening, medical necessity for additional urine drug screening has not been established. The request for urine toxicology screen is determined to NOT be medically necessary.