

Case Number:	CM15-0069996		
Date Assigned:	04/17/2015	Date of Injury:	02/16/2011
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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:

The injured worker was a 55 year old male, who sustained an industrial injury on October 1, 1997. The injured worker previously received the following treatments: Norco, Tramadol, random laboratory toxicology studies, anti-inflammatory, Synvisc injections, pain management specialist, Ibuprofen, right knee arthroscopic surgery, right knee MRI and home exercise program. The injured worker was diagnosed with varicosities to the bilateral lower extremities, right knee pain and status post anterior cruciate ligament repair. According to a progress note of March 9, 2015, the injured workers chief complaint was right knee pain. Rated pain was 7 out of 10 and medications were helping. The injured worker was sleeping ok. The pain was aggravated by heavy lifting, repetitive kneeling, squatting, pivoting, climbing, crouching, crawling or work at heights. The treatment plan included a prescription for Tramadol for the purpose of completing the tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit or Muscle Stimulator with Conductive Garment for Left Knee Post-Op:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 have post-op pain that limits his ability to perform physical therapy. There is no clear evidence that the prescription of interferential stimulator is in conjunction with other intervention. Therefore, the prescription of Interferential Unit or Muscle Stimulator with Conductive Garment for Left Knee Post-Op is not medically necessary.