MAXIMUS Federal Services

Case Number:	CM15-0076643		
Date Assigned:	04/28/2015	Date of Injury:	07/30/2008
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 75 year old male, who sustained an industrial injury on 7/30/2008. Diagnoses include internal derangement of the right knee status post menisectomy, discogenic lumbar condition and depression. Treatment to date has included surgical intervention (right total knee replacement 2014), medications and diagnostics. Per the most recent submitted Primary Treating Physician's Progress Report dated 1/07/2015, the injured worker reported chronic right knee pain. Physical examination revealed full extension of the right knee with flexion at 110 degrees. There was tenderness along the joint line medially and internally. He walks with a limp. The plan of care included medications. Authorization was requested for inferential unit/muscle stimulator with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF/Muscle stimulator with conductive garment: 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 Interferential current, NMES Page(s): 118 120.

Decision rationale: According to the guidelines, IF is 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. Neuromuscular intervention is not recommended. NMES is used primarily as part of a rehabilitation program following stroke. In this case, the claimant did not have a stroke. There is no significant evidence for its use in knee pain. In addition, the length of use was not specified. The request for IF/Muscle stimulator with conductive garment is not medically necessary.