

Case Number:	CM15-0099328		
Date Assigned:	06/02/2015	Date of Injury:	05/13/2011
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

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 55 year old female who sustained an industrial injury on 05/13/2011. Current diagnoses include osteoarthritis and pain in joint, lower leg. Previous treatments included medications, knee surgeries, physical therapy, and Supartz injections. An initial injury occurred to the left knee during a work related accident. Report dated 04/16/2015 noted that the injured worker presented with complaints that included left knee pain. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was positive mid aspect tenderness and limping with ambulation. The injured worker had slight improvement with the Supartz injections. X-rays showed no increase of osteoarthritis. The treatment plan included request for interferential unit to manage pain and reduce medication usage, administration of the 5th Supartz injection, and dispensed hydrocodone, cyclobenzaprine, diclofenac sodium ER, tramadol, and pantoprazole. Disputed treatments include interferential (IF) unit & supplies 30-60 day rental & purchase for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit & supplies 30-60 day rental & purchase for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p 114-121.

Decision rationale: The claimant sustained a work injury in may 2011 and continues to be treated for left knee pain. When seen, pain was rated at 3/10. There had been minimal improvement with viscosupplementation injections. He was ambulating with a limp. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for up to 60 days is not cost effective or medically necessary to determine whether purchase of a unit could be considered. Therefore the request is not medically necessary.