MAXIMUS Federal Services

Case Number:	CM13-0030403		
Date Assigned:	11/27/2013	Date of Injury:	07/25/2011
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 09/25/2011. The primary diagnosis is 836.0 or a medial meniscus tear. Multiple treating physician notes indicate the patient has a diagnosis of bilateral knee degenerative osteoarthritis as well as a left knee meniscus tear which has failed conservative treatment. The notes indicate this patient is being treated with a home exercise program and that a request is made for a left knee arthroscopy with the diagnosis of a left knee meniscus tear. This request is noted in multiple physician notes as well as in a request for authorization of 09/10/2013. These notes also outline lumbar facet syndrome with a request as of 09/06/2013 to proceed with lumbar facet rhizotomy following successful medial branch blocks. There were no medical records provided that indicates an approval for neither this surgery nor a prior physician review in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

interferential unit for thirty (30) days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Section Page(s): 120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, pages 120, states that this treatment is "not recommended as an isolated intervention...possibly appropriate for the following conditions...pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise program, or unresponsive to conservative measures." The medical records do not clearly indicate that this patient meets these criteria. The rationale for the request for an interferential unit is not apparent. Therefore, this request is not medically necessary.

24 operative physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: There were no medical records provided that indicates that there has been a certification of a request for arthroscopy for the patient's meniscus injury. That said, I note that the California Medical Treatment Utilization Schedule Postoperative Treatment Guidelines, page 25, recommends, "Postsurgical treatment: 12 visits over 12 weeks" for derangement of the meniscus. I note as well that the general instructions of these guideline section 24.3 states, "Initial course of therapy means 1/2 of the number of visits specified in the general course of therapy." Therefore, the current request significantly exceeds the guidelines for the apparent proposed surgery. The medical records and guidelines do not support this request. This request is not medically necessary.