

Case Number:	CM13-0039804		
Date Assigned:	12/20/2013	Date of Injury:	04/28/2011
Decision Date:	05/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert 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 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/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 injured worker is a 53-year-old female who reported injury on 04/28/2011. The mechanism of injury was cumulative trauma. The documentation of 09/26/2013 revealed the injured worker had completed physical therapy and had temporary benefit. The injured worker had residual grade 4 chondromalacia of the patellofemoral joint. The injured worker had a cortisone injection to the right knee which provided temporary relief. The physical examination revealed the injured worker had tenderness of the patellofemoral joint and a positive patellar grind's sign. The injured worker was status post right knee arthroscopy, 04/20/2013, with residual arthritis involving primarily the patellofemoral joint. The treatment plan includes synvisc injections, a hot and cold pack/wrap and a rehabilitation kit for the right knee. Additional it was indicated the Final Determination Letter for IMR Case Number CM13-0039804 3 injured worker would be using topical creams. It was indicated the rehabilitation kit for the right knee would be utilized in conjunction with formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF INTERFERENTIAL STIMULATOR AND SUPPLIES FOR THE RIGHT KNEE: 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 STIMULATION Page(s): 118.

Decision rationale: California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention and it should be used with recommended treatments including work and exercise. There was a lack of documented rationale to support the necessity for a purchase of the interferential unit without trial. There was no DWC Form RFA nor PR2 submitted to support the requested Interferential unit. Given the above, the request for the purchase of an interferential stimulator and supplies for the right knee is not medically necessary.