MAXIMUS Federal Services

Case Number:	CM13-0041582		
Date Assigned:	03/05/2014	Date of Injury:	06/27/2012
Decision Date:	07/31/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 44-year-old gentleman who sustained an injury to the left knee on June 27, 2012. Following a course of conservative care, the claimant underwent left knee arthroscopy, partial medial meniscectomy, synovectomy, and debridement with loose body removal on June 20, 2013. The records available for review include a primary treating physician's progress report (PR-2) dated September 20, 2013, describing continued knee complaints bilaterally. Physical examination showed 4/5 strength, increased pain with McMurray's testing and positive patellofemoral grind testing. The records do not reference prior treatment with a TENS unit or other therapies. A chiropractic referral and a home exercise program for treatment of the claimant's knee pain were recommended. This request is for two-month use of an interferential unit, an eight-pack of electrodes, a PowerPack, adhesive remover, a lead wire and a tech fee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of an Interferential (IF) Unit for 2 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, an interferential device would not be indicated in this case. According to guidelines, interferential devices are not recommended as isolated intervention, but are only recommended in conjunction with treatments involving return-to-work medication management and activities. The reviewed records do not specify return-to-work status or address advancement of the claimant's activity level. With the absence of this information, the request for a two-month use of an interferential device for isolated therapeutic intervention would not be supported. Therefore, the request is not medically necessary.

Eight (8) Packs of Electrodes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California MTUS Guidelines, the use of an interferential unit would not be supported in this case. Thus, this request for an accessory for the interferential device would not be supported as medically necessary.

Power Packs (#24): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California MTUS Guidelines, the use of an interferential unit would not be supported in this case. Thus, this request for an accessory for the interferential device would not be supported as medically necessary.

Adhesive Remover Towel Mint (#32): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California MTUS Guidelines, the use of an interferential unit would not be supported in this case. Thus, this request for an accessory for the interferential device would not be supported as medically necessary.

One (1) Lead Wire: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California MTUS Guidelines, the use of an interferential unit would not be supported in this case. Thus, this request for an accessory for the interferential device would not be supported as medically necessary.

A Tech Fee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California MTUS Guidelines, the use of an interferential unit would not be supported in this case. Thus, this request for tech fee to instruct the claimant on the use of the interferential device would not be supported as medically necessary.

One (1) Heat Pad: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Based on California MTUS Guidelines, the use of an interferential unit would not be supported in this case. Thus, this request for an accessory heating pad for the interferential device would not be supported as medically necessary.