

Case Number:	CM13-0050181		
Date Assigned:	12/27/2013	Date of Injury:	05/12/2010
Decision Date:	04/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 49 year old female with a date of injury of 05/12/2010. The listed diagnosis per [REDACTED] is a tear at the medial meniscus of the right knee. Report from 10/01/2013 is missing the first page which includes the subjective and objective findings. However, the pages that are included, shows treatment plan to include home exercise program, physical therapy x12 and refill of medications. Report dated 08/21/2013 is also missing pages, providing no pertinent information. Report dated 07/12/2013 states patient complains of bilateral knee pain with new and increased pain. There is bilateral swelling noted with positive Crepitus, Grind and McMurray's test. Utilization review dated 10/30/2013 notes the patient is status post scope on the right knee from 09/18/2013. The operative report was provided for review. This request is for an interferential unit and supplies. There is a request for post operative PT, CPM, Cool Case ColdTtherapy Unit, Surgistim and crutches. However, there is no Request for Authorization for an Inferential unit or any discussions thereof in the reports provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: The patient presents with right knee complaints. As Utilization review dated 10/30/2013 reports, the patient is status post right knee surgery on 09/18/2013. The request is for an "interferential unit with supplies." The MTUS Guidelines page 118 to 120 states interferential current stimulation 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. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." In this case, the interferential unit is not appropriate as the MTUS criteria for interferential therapy were not met. Review of progress reports from 04/01/2013 to 11/11/2013 provide no discussions on interferential therapy. Rationale was not provided for the request, nor is there a Request for Authorization. There is no discussion of diminished effectiveness of medications, or ineffective controlled pain due to medication side effects, history of substance abuse, or postoperative pain. It can be presumed the treating physician is requesting this unit for post operative use; however, given the lack of discussion regarding the request, one cannot recommend such device. The request for the interferential stimulator is not in accordance with MTUS guidelines; therefore, recommendation is for denial.