

Case Number:	CM13-0057534		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2011
Decision Date:	05/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pain Management 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 27 year old female whose date of injury is 11/03/11. The patient stepped on the ledge of a couch to place candles into holders when she fell onto her left foot. She had severe onset of pain. The treatment to date is noted to include medication management, knee brace, xrays, MRI of the left knee, left knee surgery in June of 2012, and an extensive course of therapy, per evaluation dated 12/17/12. Initial report dated 11/18/13 indicates that the patient complains of constant pain in her left hip with intermittent numbness and tingling down the left leg. On physical examination she walks in a slight limping manner and her leg appears to swing laterally when she walks. Impressions note status post arthroscopy of the left knee with recurrent knee pain and chondromalacia patella; left knee sprain/strain; internal derangement of the left hip with an acetabular labrum tear; left hip strain/sprain; lumbar strain/sprain; and cervical strain/sprain. The patient is recommended for left hip surgery and possible additional diagnostic testing, evaluation and surgical procedures for the left knee as well as conservative measures for the neck and low back. Handwritten PR-2 dated 01/09/14 indicates that the patient complains of constant pain in the left hip. There is occasional numbness in the left calf. There is reduced lumbar Final Determination Letter for IMR Case Number CM13-0057534 3 motion with low back pain. There is reduced left hip and left knee range of motion with pain. Deep tendon reflexes, sensation and strength are intact. A Utilization Review determination dated 10/31/2013 recommends non-certification for [REDACTED] Interferential stim 30-day trial. None of the medical reports provided for review include any recommendation for interferential treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ INTERFERENTIAL STIMULATOR 30 DAY TRIAL: 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 Interferential Current Stimulation Page(s): 118-120.

Decision rationale: Regarding the request for ██████ interferential stimulator 30-day trial, California MTUS guidelines note that interferential stimulation is not recommended as an isolated intervention. There is no documentation of active treatment to be performed in conjunction with the stimulator. There are no specific, time-limited treatment goals provided. California MTUS guidelines note that patients should fail a trial of conservative treatment. It is unclear if the patient has received any conservative treatment for the left hip to date. In the absence of clarity regarding those issues, the currently requested ██████ interferential stimulator 30-day trial is not medically necessary.