

Case Number:	CM13-0058664		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2013
Decision Date:	08/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/27/2013

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 Chiropractor and Acupuncture and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 01/17/2013. The mechanism of injury was not provided. On 10/25/2013, the injured worker presented with intermittent bilateral knee pain with instability and weakness. Upon examination of the bilateral knee, there was tenderness to palpation over the medial joint line and medial collateral ligaments. There was pain with orthopedic stressing of the knee during the drawer and Lachman's tests. There was positive patellofemoral crepitus and positive Clarke's sign. There was a slight laxity of the ACL in comparison to the right side and range of motion was greater than 115 degrees and extension was slightly limited. The diagnoses were left knee internal derangement, right knee overcompensating pain, lumbar spine overcompensating pain, chondromalacia patella and patellofemoral tracking syndrome, and anterior cruciate ligament sprain, possible partial tear per MRI. Prior treatment included physical therapy and exercise. The provider recommended interspect IF unit; the provider's rationale was not provided. The request for authorization form was dated 10/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERSPEC IF II AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL UNIT-INTERFERENTIAL CURRENT STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page(s) 118-119 Page(s): 118-119.

Decision rationale: The request for interspec IF 2 and supplies is non-certified. The California MTUS Guidelines do not recommend interferential units as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercises, and medications. It may be recommended if pain is ineffectively controlled by medications, medication intolerance, history of substance abuse, significant pain from postoperative conditions which limit the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs/physical therapy treatment. There was lack of documentation of the injured worker's unresponsiveness to conservative measures. The requesting physician did not indicate an adequate and complete assessment of the injured worker's objective functional conditions which would demonstrate deficit needing to be addressed as well as establish a baseline by which to assess objective functional improvements over the course of physical therapy. Additionally, the provider's request does not indicate if the IF unit was to be rented or purchased in the request as submitted. As such, the request is non-certified.