

Case Number:	CM13-0064373		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	04/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/11/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old male who reported injury on 02/04/2013. The mechanism of injury was noted to be the patient was involved in a restraint procedure with a client, was kicked by the client, lost his balance, and hit a chair with his right knee. The patient was treated with medications, including Voltaren gel and physical therapy. The documentation of 10/04/2013 revealed the patient had 6 visits of physical therapy in the past. The objective examination revealed the patient had +3 spasm and tenderness to the right anterior joint line, right quadriceps muscle, and right prepatellar tendon. The patient's myotomal and dermatomal and deep tendon reflexes were within normal limits. The Clark's test was positive on the right leg. The diagnoses were noted to include chondromalacia patella of the right knee, tear of the medial meniscus of the right knee, bursitis of the right knee, tendonitis/bursitis of the right hand/wrist, and chronic interphalangeal sprain/strain of the right fifth digit, as well as closed fracture of the fifth digit of the right hand. The treatment plan was noted to include conservative therapy for 6 visits, multi-interferential stimulator to decrease muscle spasm and pain and increase blood flow, and a qualified Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI IF STIMULATOR, QUANTITY ONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Interferential current stimulation Page(s): 118.

Decision rationale: The California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review indicated the request was concurrently evaluated for 6 visits of physical therapy and there was a lack of documentation indicating the physical therapy was approved. The submitted request for an interferential unit failed to indicate whether the request was for purchase or rental. Given the above, the request for a multi- interferential (IF) stimulator is not medically necessary.