

Case Number:	CM14-0010900		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2013
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 31 year old male whose date of injury is 09/04/13. He was pulling a dolly when he felt a shifting sensation in his left knee. He utilized a knee brace and underwent a course of physical therapy. Progress note dated 12/04/13 indicates that the injured worker was advised to start weaning himself off the knee brace. He felt a pop in his left knee the prior week and has had soreness since that time. He reports that he has felt improvement since starting physical therapy. Left knee range of motion is 0-111 degrees. Diagnoses are listed as left patellar re-dislocation and lumbosacral strain. Note dated 01/07/14 indicates that the injured worker re-dislocated his patella on 01/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT RENTAL, QUANTITY SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS), 118-120

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: Based on the clinical information provided, the request for interferential unit rental quantity six months is not recommended as medically necessary. There is no indication that the injured worker has undergone a successful trial of the unit as required by CA MTUS Guidelines to establish efficacy of treatment. There is no current, detailed physical examination submitted for review, and no specific, time-limited treatment goals were provided. The request is not medically necessary or appropriate.

REPLACEMENT BATTERIES, QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS), 118-120

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ELECTRODES, QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS), 118-120

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SHIPPING, DELIVERY, SET UP FEE, QUANTITY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION (ICS), 118-120

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.