

Case Number:	CM14-0013970		
Date Assigned:	02/26/2014	Date of Injury:	07/25/2013
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 Neuromusculoskeletal Medicine, has a subspecialty in Osteopathic Manipulative Medicine and is licensed to practice in Arizona. 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 28 year old female who sustained a work related injury to her right knee on July 25, 2013 and has been under care ever since. A peer review report dated 01/14/2014 documents the patient continuing to experience right knee pain that it at 7-8/10 on the 1 to 10 pain analogue scale. She reports it is difficult to stay active with her 2 boys and that her pain is not improving. On the most recent PR-2 dated Nov 25, 2013, aside from previous documented functionality difficulty, the patient 'states that he(r) knee buckles up from time to time'. On physical exam, the right knee reveals 3+ tenderness over the patellar region, infrapatellar tendon and bilateral joint line tenderness and a positive anterior drawer's and McMurray's provocative test with +1 crepitus. There is pain with range of motion and swelling. MRI dated 08/23/13 delineates a large effusion and large Baker's cyst with extensive fluid at the posteriolateral corner of the knee adjacent the lateral head of the gastrocnemius and lateral musculature adjacent to the distal femur.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF THE HOME IF UNIT/INTERFERENTIAL UNIT AND SUPPLIES FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 118

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PAIN INTERVENTION AND TREATMENTS, , 118

Decision rationale: The treatment 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 studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. Unfortunately, this treatment regimen does not have clear evidence base to recommend its use in treatment. Based upon the patients MRI findings, standard of care for ligamentous rupture seems the better course of action rather than electrical current stimulation. The requested item is not medically necessary.