

Case Number:	CM14-0118928		
Date Assigned:	08/06/2014	Date of Injury:	01/27/2012
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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:

This is a 40-year-old male with a date of injury of 1/27/12. The mechanism of injury occurred when he felt a pop at the right knee when stepping out of his tractor. He had initial conservative care, then a right knee ACL reconstruction with post-op care. He was then found to have a meniscus tear and another surgery was done in 2013. On 6/16/14, he complained of persistent right knee pain, left shin pain, and left hip pain. On exam the bilateral knees show well-healed surgical scars on the right with atrophy of the left thigh and calf. Tenderness to palpation is present over the origin of the left tibialis anterior. The diagnostic impression is s/p ACL reconstruction, s/p meniscectomy, and left hip sprain. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 7/7/14 modified the request for an Interferential Unit (IF Unit) purchase, to an Interferential Unit rental for 30 days only. Guidelines support the use of an Interferential Unit for post-op knee surgery. He has had 2 separate knee surgeries for this work injury and a trial is reasonable. The request for an IF Unit purchase was modified to an IF Unit rental for 30 days only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120.

Decision rationale: CA MTUS 9792.24.2. Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. The only medication noted for pain was Motrin. However, the request for an Interferential Unit purchase was modified to an Interferential Unit rental for 30 days. Therefore, the request for an Interferential Unit purchase was not medically necessary.