MAXIMUS Federal Services

Case Number:	CM14-0119625		
Date Assigned:	08/06/2014	Date of Injury:	01/08/2013
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
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 Orthopedic Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in California. 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 39-year-old female who reported injury on 01/08/2013. The injured worker was noted to undergo a left knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 07/12/2013. Additional treatments included postoperative physical therapy, medications, a knee brace and steroid injections. The injured worker underwent an MRI and x-rays for the left knee. The documentation on 04/25/2014 revealed the injured worker had complaints of increasing pain in the left knee and complaints of giving way and locking of the knee. The injured worker indicated she had difficulty going up and down stairs. The physical examination revealed the injured worker had increased warmth and exquisite tenderness over the posterior horn of the medial meniscus of the left knee. There was exquisite tenderness over the lateral side of the left patella. The patellar compression test caused accentuated pain. Flexion was decreased. The diagnosis included recurrent tear, left medial meniscus, posteriorly, clinically, and per MRI 01/13/2014, chondromalacia patella left knee, synovitis left knee, degenerative preexisting arthritis with superimposed traumatic arthritis left knee, and chronic pain left knee. The treatment plan included an arthroscopic surgery to the left knee. Additionally, the request was made for a postoperative durable medical equipment including an interferential current with appropriate supplies to improve muscle strength and girth of the lower extremity, a TENS unit, a left knee brace, crutches, Micro-Cool and other DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) - Interferential Current Stimulator: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to indicate the surgical procedure had been approved. There was a lack of documentation indicating the injured worker would be utilizing the interferential current stimulator as an adjunct to other therapy. The request as submitted failed to indicate the frequency and duration of use. There request as submitted failed to indicate whether the unit was for purchase or rental. Given the above, the request for Durable Medical Equipment (DME) - Interferential Current Stimulator is not medically necessary.