MAXIMUS Federal Services

Case Number:	CM14-0122451		
Date Assigned:	08/08/2014	Date of Injury:	01/17/2014
Decision Date:	10/01/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 53-year-old female who was reportedly injured on January 17, 2014. The mechanism of injury is noted as a trip and fall. The most recent progress note dated May 16, 2014, indicates that there are ongoing complaints of left knee pain radiating to the left hip and the left foot. The physical examination demonstrated an antalgic gait favoring the left lower extremity. There was significantly decreased left knee range of motion with the inability to fully extend. There was tenderness at the joint line and a positive Apley's compression test. Diagnostic imaging studies of the left knee revealed a complex tear of the posterior horn of the medial meniscus, degenerative changes with multifocal chondromalacia, a joint effusion, and a likely ganglion cyst. Previous treatment is unknown. A request was made for durable medical equipment and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Durable Medical Equipment mi: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Units (Interferential Units) Page(s): 149-150.

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

Decision rationale: It is unclear what is requested with a durable medical equipment mi. Without additional justification and clarification, this request for durable medical equipment is not medically necessary.