

Case Number:	CM14-0149933		
Date Assigned:	09/30/2014	Date of Injury:	08/02/2011
Decision Date:	12/11/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Management 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 53-year-old female with an 8/2/11 date of injury. The mechanism of injury occurred when she was bending at work when she developed pain in her low back. According to a progress report dated 7/15/14, the patient reported constant pain in her left knee, right knee pain that comes and goes, and constant pain in her low back that radiated into both legs. The patient has been using medications and an interferential unit. Objective findings: tenderness of lumbosacral spine, full range of motion, left knee lateral and medial patellar facet tenderness, arthroscopic portals on left knee, painful range of motion of left knee. Diagnostic impression: work related injury of knees and lumbosacral spine, status post arthroscopy of left knee with partial medial and lateral meniscectomy. Treatment to date: medication management, activity modification, physical therapy, surgery, interferential unit. A UR decision dated 9/2/14 denied the request for IF Stimulator with supplies rental for 6 months. There is no medical documentation submitted to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Stimulator with supplies, rental 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. However, the medical records provided for review do not clearly indicate that the patient meets any of these criteria. In addition, it is noted that the patient has been using an interferential unit. There is no documentation that its use has provided her with functional improvement or pain reduction. Therefore, the request for IF Stimulator with supplies, rental 6 months is not medically necessary.