

Case Number:	CM14-0022549		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2013
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 56-year-old female with a reported date of injury on 05/23/2013. The mechanism of injury reportedly occurred when the injured worker was performing her duties as a merchandiser. The injured worker presented with increased pain and swelling at the knee. The left knee MRI dated 06/12/2013, revealed complex tear of the posterior horn and body of medial meniscus, sprain of the posterior ligament, mild generalized thinning of the articular cartilage, and mild joint effusion. The MRI of the left knee dated 09/28/2013 revealed medial meniscus mild to moderate diminutive consistent with partial meniscal resection. The electrodiagnostic EMG/NCS consultation dated 09/27/2013 revealed no evidence of peripheral neuropathy and no evidence of lumbar radiculopathy. Right knee MRI dated 10/03/2013 revealed chondromalacial changes along the patellar cartilage. The lumbar MRI dated 10/05/2013 revealed minimal scoliosis, mild degenerative changes from the L3-4 through L5-S1 levels and no significant central canal or neural foraminal narrowing is appreciated. The documentation provided for review did not indicate previous physical therapy or the range of motion values. The injured worker's diagnoses included left traumatic knee pain and effusion, left knee medial meniscal tear, status post left knee arthroscopic partial medial meniscectomy on 08/08/2013, and left knee medial femoral condyle chondromalacia grade 3. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for interferential unit was submitted on 02/11/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118 & 120.

Decision rationale: According to the California MTUS Guidelines interferential current stimulation 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. If the criteria is met, then a 1 month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The treatment would not be certified until after the 1 month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The clinical information provided for review lacks documentation of objective clinical findings of functional deficits. There is a lack of documentation related to previous physical therapy or the use of additional physical therapy to coincide with the use of the interferential unit. In addition, the guidelines do not recommend the rental without a 30 day trial for the physician to study the effects and benefits. There is a lack of documentation related to a 30 day trial period for the interferential unit. Therefore, the request for interferential unit rental is not medically necessary.