

Case Number:	CM14-0209327		
Date Assigned:	12/22/2014	Date of Injury:	08/24/2013
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Georgia. 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 patient is a 30-year-old presenting with a work-related injury on August 24, 2013. On November 3, 2014 the patient complained of ongoing left knee pain. The pain was exacerbated by walking and climbing stairs. The physical exam showed tenderness along the medial joint line with the left, palpable painful plica on the medial side of the left knee, no ligamentous laxity, and evaluation of the right knee was unchanged. The patient was diagnosed with left knee sprain/strain with suspected meniscal tear and medial plica. The patient was instructed to remain off work for another six weeks as modified work is not available. A TENS unit and supplies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of interferential unit with 12 electrodes, 36 batteries, 48 adhesive removers:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Therapy Page(s): 119.

Decision rationale: Purchase of interferential unit with 12 electrodes, 36 batteries, 48 adhesive removers is not medically necessary. Per MTUS, Inferential Current 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As it relates to this case inferential current was recommended as solo therapy for knee pain. Additionally, there is lack of documentation of failed conservative therapy or a plan of care for physical therapy. Per MTUS and the previously cited medical literature inferential current is not medically necessary as solo therapy and the current diagnoses.