

Case Number:	CM15-0143243		
Date Assigned:	08/04/2015	Date of Injury:	04/23/2009
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 59 year old male, who sustained an industrial injury on 04-23-2009. On provider visit dated 06-25-2015 the injured worker has reported left giving out and signification pain. On examination revealed a positive McMurray's sign, otherwise limited information was documented. The diagnoses have included large lateral meniscus tear-left knee. Treatment to date has included injections, physical therapy and medication. The provider noted that the injured worker was an excellent candidate for arthroscopy with lateral meniscus repair. The provider requested associated surgical service: 30 day rental for interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 30 day rental for IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Associated surgical services: 30-day rental Interferential unit (IF) unit is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured workers working diagnosis is clinical and MRI findings of a large lateral meniscus tear left knee. The date of injury is April 23, 2009. Request authorization is July 10, 2015. According to a June 25, 2015 progress note, the injured worker has subjective complaints of left knee pain. Objectively, there is a positive McMurray's. An MRI showed a large lateral meniscus tear. The injured worker has received physical therapy and medications with minimal improvement. A left knee arthroscopy was approved July 2015 with certification [REDACTED]. The IF unit is slated to be used in the post-operative period. The unit may be indicated for treatment of significant postoperative pain that is not controlled with medications and limits the ability to perform physical therapy and exercise. There is no clinical documentation or expectation of significant postoperative pain not controlled with medications. Additionally, the surgery has not taken place. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines; associated surgical services: 30-day rental Interferential unit (IF) unit is not medically necessary.