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| Case Number: | CM15-0145396 | | |
| Date Assigned: | 08/20/2015 | Date of Injury: | 11/20/2013 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on November 20, 2013. She reported a slip and fall on her left knee. The injured worker was diagnosed as having impaired gait secondary to left knee injury and rule out internal derangement of the left knee. Treatment to date has included diagnostic studies, surgery, injections, physical therapy, bracing, ice, heat application and medication. The injured worker was noted to have good results with her initial physical therapy treatment. On July 7, 2015, the injured worker complained of low back pain and swelling of the left knee after prolonged period of weight bearing or use of the stairs. She reported that her left knee keeps going out on her. The symptoms were rated an 8 on a 1-10 pain scale. Physical examination of the left knee revealed some tenderness upon medial lateral palpation. Medial lateral stress test was positive. Range of motion was noted to continue to improve. The treatment plan included a computed tomography of the left knee and knee support brace. On July 13, 2015 Utilization Review non-certified the request for IFC unit for the knee, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

IFC unit for knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), p118-120 Page(s): 118-120.

Decision rationale: The claimant sustained a work-related injury in November 2013 and is being treated for left knee pain after arthroscopic surgery in August 2014. A CT scan of the knee showed findings of mild osteoarthritis. When seen, she was having continued swelling with weight bearing activities including stair climbing. Her BMI was nearly 34. There was improved range of motion. There was joint line tenderness with positive medial and lateral stress testing. Yeoman and Erichson testing with iliac crest compression were positive. There was iliac crest and sacroiliac joint tenderness. Requests included an interferential current stimulation for home use for night time pain. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and purchase of a home interferential unit is not medically necessary.