

Case Number:	CM15-0168473		
Date Assigned:	09/09/2015	Date of Injury:	09/02/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male who sustained an industrial injury on 9-2-14. The injured worker reported left knee tenderness. A review of the medical records indicates that the injured worker is undergoing treatments for left knee large lateral meniscus tear, left thigh strain and contusion of the quadriceps. Records indicate worsening of the injured workers activities of daily living. Provider documentation dated 7-16-15 noted the work status as temporarily partially disabled. Treatment has included a left knee magnetic resonance imaging, physical therapy, injection therapy, bracing, rest, activity modification, radiographic studies, at least 21 session of physical therapy, Motrin since at least September of 2014 and Ultram since at least June of 2015. Objective findings dated 7-16-15 were notable for lateral joint line tenderness to the left knee. The treating physician requested a urine drug testing in the 7-16-15 documentation. The original utilization review (8-5-15) denied purchase of interferential unit (IF unit)

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of interferential unit (IF unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents on 07/16/15 with unrated left knee pain which "clicks and catches." The patient's date of injury is 09/02/14. Patient has no documented surgical history directed at this complaint, though is anticipating arthroscopic meniscal repair at a date unspecified. The request is for Purchase Of Interferential Unit (If Unit). The RFA is dated 07/30/15. Physical examination dated 07/16/15 reveals lateral joint line tenderness in the left knee with positive McMurray's sign noted. The patient's current medication regimen is not provided. Patient is currently classified as temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy section, pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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 (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-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. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In regard to the purchase of an IF unit for this patient's continuing knee pain, evidence of a successful 30 day trial has not been provided. There is no evidence that this patient has trialed an IF unit to date. Were the request for a 30 day rental or trial the recommendation would be for approval. However, the purchase of an IF unit without first demonstrating efficacy with a 30 day trial does not meet MTUS guideline procedures and cannot be substantiated. Therefore, the request is not medically necessary.