

Case Number:	CM15-0038877		
Date Assigned:	04/08/2015	Date of Injury:	11/21/2013
Decision Date:	05/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47-year-old male, who sustained an industrial injury on 11/21/13. He reported bilateral knee and right wrist injuries. The injured worker was diagnosed as having nondramatic rupture of patellar tendon, unspecified internal derangement of knee and wrist sprain/strain. Treatment to date has included (MRI) magnetic resonance imaging of left and right knee performed on 1/19/15, surgical repair of right patellar rupture, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of increased bilateral knee pain with intermittent swelling, right wrist/hand pain more prominent over the thenar pad with radiation to the midline of wrist. Upon physical exam on 2/9/15, reduced knee flexion is noted and tenderness to palpation of the right thenar pad with full range of motion of right wrist is noted with sensation intact. The treatment plan included a request for authorization for MEDS-4 interferential unit with garment for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 Interferential Unit with Garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120.

Decision rationale: The MTUS states that inferential current units are "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." Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." Medical documents note full range of motion of the knee with sensation intact. The indication is most likely for swelling and pain and the above guidelines do not support its use. As such, the request for Meds-4 Interferential Unit with Garment is not medically necessary.