

Case Number:	CM15-0042771		
Date Assigned:	03/12/2015	Date of Injury:	07/24/2013
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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 42 year old male, who sustained an industrial injury on 7/24/13. He reported the initial injury was sustained from a fall resulting in multiple injuries. The injured worker was diagnosed as having multi trauma; multiple surgeries; fractured acetabulum; pelvic fracture; lumbar and thoracic fracture L5, T5 and T12; status post scaphoid open reduction and internal fixation; herniated lumbar disc; derangement lateral meniscus NOS. Treatment to date has included physical therapy; status post right knee arthroscopy, partial medial meniscectomy, joint injection for postoperative pain management (9/5/14); MRI right and left knee without contrast (7/13/14). Currently, the injured worker is a status post left knee arthroscopic diagnostic examination with partial meniscectomy and removal of a complex tear (2/6/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

One interferential unit purchase: 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.

Decision rationale: The claimant sustained a work-related injury in July 2013 and underwent arthroscopic knee surgery for the repair of a meniscal tear in February 2015. He also has ongoing spine pain following multi trauma when injured. 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 therefore purchase of a home interferential unit is not medically necessary.

One knee exercise kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99, Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in July 2013 and underwent arthroscopic knee surgery for the repair of a meniscal tear in February 2015. He also has ongoing spine pain following multi trauma when injured. Post surgical treatment after the planned knee arthroscopy includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require specialized equipment. Therefore, the requested home exercise kit (contents not specified) is not medically necessary.