

Case Number:	CM15-0054090		
Date Assigned:	03/27/2015	Date of Injury:	11/10/2011
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii

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 41 year old male injured worker suffered an industrial injury on 11/10/2011. The diagnoses included patellofemoral malalignment of the left knee. The diagnostics included lumbar magnetic resonance imaging and x-rays of the left knee. The injured worker had been treated with recent knee arthroscopy and cortisone injections to the knee. On 2/9/2015 the treating provider reported stabbing pain, weakness, occasional stiffness 4/10 in the left knee. The treatment plan included Physical Therapy for the left knee and Rental of Interferential Unit and supplies for 60 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Treatment Guidelines, Knee, Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella Page(s): 24.

Decision rationale: The patient presents with left knee pain and swelling and lumbar spine pain. The current request is for physical therapy for the left knee, 12 sessions. The treating physician states on 2/9/15 (11B), "I am requesting authorization for a physical therapy program of 3 times a week for 4 weeks to regain strength, improve range of motion and function to the left knee, as well as requesting authorization for the patient to receive a Interferential unit for 30-60 day rental and purchase if effective for long term care with supplies as needed to manage pain and restore function." Patient is post-left knee arthroscopy with patelloplasty, subcutaneous lateral release and partial meniscectomy with partial synovectomy performed on 10/28/14. The patient has completed 12 post-op physical therapy sessions to date. The Post Surgical MTUS Guidelines state, "Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella: Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months." The treating physician in this case has not documented any exacerbations or rationale for treatment above and beyond the 12 visits that are recommended. Therefore, the current request is not medically necessary and the recommendation is for denial.

Rental of Interferential Unit and supplies for 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

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

Decision rationale: The patient presents with left knee pain and swelling and lumbar spine pain. The current request is for rental of Interferential Unit and supplies for 60 days. The treating physician states on 2/9/15 (11B), "I am requesting authorization for a physical therapy program of 3 times a week for 4 weeks to regain strength, improve range of motion and function to the left knee, as well as requesting authorization for the patient to receive a Interferential unit for 30- 60 day rental and purchase if effective for long term care with supplies as needed to manage pain and restore function." MTUS Guidelines state that Interferential (IF) current stimulation is not recommended as an isolated intervention. However, MTUS Guidelines listed patient selection criteria include post-operative pain. MTUS states that if criteria were met, then a one-month trial would be appropriate. MTUS goes further to state that use of the IF unit would be appropriate under 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 the 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. In this case, the treating physician has requested authorization for the patient to receive an Interferential unit for, "30-60 day rental." While the use of an IF unit may be appropriate for this patient; the fact that MTUS recommends trying the unit for one-month before a home unit is provided requires

that the request for a 30-60 day trial be denied. Therefore, the current request is not medically necessary and the recommendation is for denial.