

Case Number:	CM15-0086281		
Date Assigned:	05/08/2015	Date of Injury:	01/13/2014
Decision Date:	06/11/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 1/13/14. She has reported initial complaints of bilateral knee injuries after falling down two stairs. The diagnoses have included internal derangement of the right knee, strain of the left knee secondary to impaired gait, medial meniscus tear of right knee and status post knee arthroscopic repair. Treatment to date has included medications, diagnostics, right knee arthroscopy, physical therapy, cold therapy unit, activity modifications, and home exercise program (HEP). Currently, as per the physician progress note dated 4/9/15, the injured worker is being seen for initial post-operative exam for the right knee. She reports soreness and mild pain but otherwise doing well. The pain is rated 3/10 on pain scale. The objective findings revealed stiffness and limited range of motion to the right knee. Treatment was physical therapy post -operative 3-4 times a week for strengthening and mobility to the right knee. The current medications were not noted. The diagnostic testing that was performed included x-rays of the bilateral knees dated 4/9/15 revealed no increase in osteoarthritis. The electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral lower extremities dated 3/25/15 were without radiculopathy findings or peripheral neuropathy. The physician requested treatment included Interferential (IF) Unit with supplies as needed for 1-2 months rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) Unit with supplies as needed for 1-2 months rental: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 1/13/14. The medical records provided indicate the diagnosis of internal derangement of the right knee, strain of the left knee secondary to impaired gait, medial meniscus tear of right knee and status post knee arthroscopic repair. Treatment to date has included, right knee arthroscopy, physical therapy, cold therapy unit, activity modifications, and home exercise program (HEP). The medical records provided for review do not indicate a medical necessity for Interferential (IF) Unit with supplies as needed for 1-2 months rental. The MTUS does not recommend Interferential (IF) Unit as an isolated intervention due to lack of quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. The treatment is only recommended if there is limited evidence of improvement on those recommended treatments alone. The medical records indicate marked improvement after arthroscopic surgery. The injured worker has been doing postoperative therapy, but the injured worker has not received any medication for the injury.