

Case Number:	CM14-0093144		
Date Assigned:	09/12/2014	Date of Injury:	06/06/2011
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year-old patient sustained an injury on 6/6/11 while employed by [REDACTED]. While preventing a car from being stolen, the patient was thrown from the car sustaining a left non-displaced knee fracture s/p right knee arthroscopy and partial lateral meniscectomy on 7/29/13. The patient continues to treat for chronic symptoms. Request(s) under consideration include Interferential Unit for 30-60 day rental. Diagnoses include Knee medial meniscal tear post-surgical state; leg joint pain/ osteoarthritis; cervicgia. Report of 5/12/14 from the provider noted the patient with bilateral knee pain with stiffness on right; bilateral lower extremity pain; dizziness; neck and bilateral upper extremity pain; and multiple medical conditions including colon disease. Brief exam noted limited range of motion with tenderness; limping on ambulation. The request(s) for Interferential Unit for 30-60 day rental was non-certified on 6/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit for 30-60 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Not recommended as an isolated intervention. There is.

Decision rationale: This 51 year-old patient sustained an injury on 6/6/11 while employed by [REDACTED]. While preventing a car from being stolen, the patient was thrown from the car sustaining a left non-displaced knee fracture s/p right knee arthrotomy and partial lateral meniscectomy on 7/29/13. The patient continues to treat for chronic symptoms. Request(s) under consideration include Interferential Unit for 30-60 day rental. Diagnoses include Knee medial meniscal tear post-surgical state; leg joint pain/ osteoarthritis; cervicgia. Report of 5/12/14 from the provider noted the patient with bilateral knee pain with stiffness on right; bilateral lower extremity pain; dizziness; neck and bilateral upper extremity pain; and multiple medical conditions including colon disease. Brief exam noted limited range of motion with tenderness; limping on ambulation. The request(s) for Interferential Unit for 30-60 day rental was non-certified on 6/9/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Interferential Unit for 30-60 day rental is not medically necessary and appropriate.