

Case Number:	CM14-0218131		
Date Assigned:	01/07/2015	Date of Injury:	07/28/2010
Decision Date:	03/04/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 59 year old male with a date of injury as 07/28/2010. The cause of the injury was not included in the documentation received. The current diagnoses include meniscus tear and internal derangement. Previous treatments include left knee surgery, medications, and knee brace. Physician report dated 01/26/2015 was included in the documentation submitted for review. The physician noted that the injured worker presented with complaints that included intermittent pain in the left knee, pain was rated as 5 out of 10. Physical examination revealed moderate pain upon palpation and painful and restricted range of motion in the left knee, and left knee joint is fixed. The physician documented that the injured worker has had a failed left knee surgery on 01/11/2013 and is advised that a total knee arthroplasty will be needed. It is further noted that the injured worker was prescribed the interferential unit to be used during the week when he is out of town to aid with pain and complement the in office treatment. The physician noted that previous treatment with the interferential unit has accomplished 40% improvement. It was also documented that the injured worker can not take pain medication due to his job and secondary to side effects. The injured worker is currently working. The utilization review performed on 12/11/2014 non-certified a prescription for interferential unit for purchase for the left knee based on no documentation from the previous authorization for a 30 day day trial of the interferential unit. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit purchase for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: The request for ICS is considered not medically necessary. This limited chart consists of one progress note. The patient does not meet selection criteria. A one-month trial of ICS that demonstrated increased functional improvement and less pain, with evidence of medication reduction would be necessary before prescribing the purchase of an ICS unit. The patient has been using it in his practitioner's office weekly but it is not stated how long the patient has been treated with ICS. Therefore, the request is considered not medically necessary.