

Case Number:	CM14-0218776		
Date Assigned:	01/09/2015	Date of Injury:	05/13/2011
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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 York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old woman sustained an industrial, injury on 5/13/2011 to the left knee while descending stairs. Current diagnoses include recurrent dislocation of lower leg joint, synovitis and tenosynovitis, and pain in joint of the lower leg. Treatment has included oral medications, physical therapy, and surgical intervention. Per physician notes on a PR-2 dated 12/18/2014 shows sutures "sticking out" and complaints of being very uncomfortable. A request was made for a semi-emergent surgical procedure. There is no mention of associated services. On 12/22/2014, Utilization Review evaluated a prescription for one month rental of an interferential unit, that was submitted on 12/30/2014. The UR physician noted that the surgical procedure has not been approved. Therefore, post-operative treatments are not medically necessary. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit, one month rental (post-operative): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 342-350.

Decision rationale: 54 yo woman with left knee pain who had surgery and postop notes indicate prominent sutures. MTUS guidelines for knee surgery not met. there is no documentation of infection or problems with previous surgery that would require another surgery at this time. Since the need for revision and additional surgery has not been established, then the postop IF unit is not needed.