MAXIMUS Federal Services

Case Number:	CM15-0105736		
Date Assigned:	06/10/2015	Date of Injury:	04/03/2014
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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
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 injured worker is a 25 year old male who sustained an industrial injury on 04/03/14. Initial complaints and diagnoses are not available. Treatments to date include medication and physical therapy. Diagnostic studies include x-rays of the lumbar spine and right knee and MRI of the right knee. Current complaints include low back and right knee pain. Current diagnoses include L5-S1 disc herniation and severe patellofemoral malalignment of the right knee with patellar subluxation. In a progress note dated 04/15/15 the treating provider reports the plan of care as right knee arthroscopic surgery, as well as medication including hydrocodone, diclofenac, tramadol, cyclobenzaprine, and pantoprazole. The requested treatments include a 30-day rental of an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME IF Unit 30 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: 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 functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The DME IF Unit 30 Day Rental is not medically necessary and appropriate.