MAXIMUS Federal Services

Case Number:	CM15-0124180		
Date Assigned:	07/08/2015	Date of Injury:	03/09/2012
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/27/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on March 9, 2012. The injured worker reported slipping and falling twisting the left knee. The injured worker was diagnosed as having degenerative arthritis of the left knee. Treatment to date has included physical therapy and two arthroscopic surgeries and medication. A progress note dated May 4, 2015 provides the injured worker complains of left knee pain with clicking, catching and grinding. Physical exam notes an antalgic gait, well healed surgical scars, pain on palpation and mild effusion. There is full range of motion (ROM) and positive McMurray's sign. X-rays were reviewed showing narrowing of the medial compartment. The plan includes injections and lab work. There is a request for interferential unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) days rental or purchase of an interferential unit and supplies: 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 Page(s): 114-121.

Decision rationale: The claimant sustained a work injury due to a fall in March 2012 and continues to be treated for left knee pain. He has severe medial compartment osteoarthritis. Treatments have included medications, physical therapy, modalities, and use of a brace. When seen, there was medial joint line tenderness and a mild effusion. There was full range of motion. McMurray's testing was positive. A series of viscosupplementation injections was recommended.A one-month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for up to 60 days is not cost effective and not medically necessary to determine its efficacy. Authorization for purchase of a unit without first undergoing a trial of use is not medically necessary.