MAXIMUS Federal Services

Case Number:	CM15-0127211		
Date Assigned:	07/13/2015	Date of Injury:	03/16/2011
Decision Date:	08/12/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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, 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:

This 28-year-old female sustained an industrial injury to the knee on 3/16/11. Previous treatment included treatment plan included physical therapy, left knee arthroscopy and medications. X-rays of the left knee (1/15/15) showed a lateral tilt of the patella with narrowing of the lateral facet. On 2/17/15, the injured worker underwent a partial medial meniscectomy with patelloplasty, arthrotomy of the left knee with modified Fulkerson osteotomy of the left tibia and partial synovectomy. In a PR-2 dated 3/24/15, the injured worker complained of pain from knee surgery with numbness, throbbing and sharp pain when walking and sitting. Physical exam was remarkable for a healing wound without signs of infection, soft tissue swelling to the left knee and decreased range of motion. In a PR-2 dated 4/28/15, documentation was difficult to decipher. The injured worker had started physical therapy. The left knee had full extension to 100 degrees flexion. Current diagnosis was status post left knee arthroscopic surgery and stress deferred. The treatment plan included continuing physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: IF unit 30-60 day rental, purchase if effective (DOS 4/22/15) Left knee:
Upheld

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

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

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then a one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation as outlined above. Furthermore, a trial for more than one month is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.