

Case Number:	CM15-0162547		
Date Assigned:	08/28/2015	Date of Injury:	04/26/2011
Decision Date:	11/19/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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 28 year old female, who sustained an industrial injury on 4-26-11. The injured worker is diagnosed with a right knee medial meniscus tear. Her work status is modified duty; however, if the employer cannot accommodate then temporary total disability. Notes dated 4-1-15 - 7-8-15 reveals the injured worker presented with complaints of right knee pain described as dull and aching and is rated at 4-7 out of 10. Physical examinations dated 4-1-15 - 7-8-15 revealed an altered gait and right knee medial joint line tenderness. Treatment to date has included physical therapy, which is beneficial per note dated 7-8-15 and medication. Diagnostic studies to date have included right knee x-rays. A request for authorization dated 7-24-15 for interferential unit 60-day rental is non-certified, per Utilization Review letter dated 7-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 day rental of an Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in April 2011 and continues to be treated for right knee pain. When seen, she had pain rated at 7/10. Physical examination findings included medial joint line tenderness. She was currently participating in physical therapy with benefit. Norco was prescribed. Authorization was requested for continued physical therapy and up to 60 days rental of an interferential unit and for purchase if effective. 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 more than one month is not cost effective and not medically necessary to determine its efficacy.