

Case Number:	CM15-0091755		
Date Assigned:	05/18/2015	Date of Injury:	07/19/2014
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency Medicine

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 54 year old female, who sustained an industrial injury on 7/19/2014. She reported being kicked in the left knee. Diagnoses have included left knee contusion/sprain, left knee meniscal tear per magnetic resonance imaging (MRI) and situational depression. Treatment to date has included left knee arthroscopic surgery, physical therapy, knee brace and medication. According to the progress report dated 3/25/2015, the injured worker complained of left knee pain rated 5-6/10 on the visual analog scale (VAS) which was decreased from the last visit. Exam of the left knee revealed tenderness to palpation and restricted range of motion. Posterior drawer and McMurray's tests were positive. She had mild effusion and prominent vasculitis. Authorization was requested for additional post-op physical therapy to the left knee and purchase of an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post Operative Physical Therapy to the left knee, twice a week for six weeks:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested Additional Post Operative Physical Therapy to the left knee, twice a week for six weeks, is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Knee, Note: Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Postsurgical treatment: 12 visits over 12 weeks; *Postsurgical physical medicine treatment period: 4 months. The injured worker has left knee pain rated 5-6/10 on the visual analog scale (VAS) which was decreased from the last visit. Exam of the left knee revealed tenderness to palpation and restricted range of motion. Posterior drawer and McMurray's tests were positive. She had mild effusion and prominent vasculitis. The treating physician has not documented objective evidence of functional improvement from completed therapy sessions nor the medical necessity for additional therapy sessions versus a transition to a dynamic home exercise program. The criteria noted above not having been met, Additional Post Operative Physical Therapy to the left knee, twice a week for six weeks is not medically necessary.

Interferential Unit purchase: 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, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested Interferential Unit purchase is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)."The injured worker has left knee pain rated 5-6/10 on the visual analog scale (VAS) which was decreased from the last visit. Exam of the left knee revealed tenderness to palpation and restricted range of motion. Posterior drawer and McMurray's tests were positive. She had mild effusion and prominent vasculitis. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Interferential Unit purchase is not medically necessary.

