

Case Number:	CM15-0096041		
Date Assigned:	05/26/2015	Date of Injury:	04/29/2014
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 36-year-old female, who sustained an industrial injury on 4/29/2014. Diagnoses include left knee sprain/strain, probable medial meniscus tear and pain in joint lower leg. Treatment to date has included diagnostics, physical therapy, and application of ice, activity modification, modified work and medications. Per the Primary Treating Physician's Progress Report dated 6/18/2014 the injured worker reported no improvement in persistent left knee pain with prolonged standing. Physical examination revealed restrictive range of motion, knee pain with flexion, tenderness to palpation and parapatellar swelling. The plan of care included continuation of prescribed medications. Authorization was requested for inferential unit, supplies, and left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF unit and supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: CA MTUS states that IF units are not recommended as an isolated intervention. There are no findings of improvement with IF units except in conjunction with recommended treatments, including return to work, exercise and medications. In this case, there is no documentation demonstrating a need for IF. Concurrent treatment is not specified. A PT document from 6/5/2014 is insufficient to establish necessity, therefore the request is deemed not medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: CA MTUS states that a knee brace is indicated for patellar instability, ACL tear and MCL instability. A brace is only necessary if the patient is going to be stressing the knee under a load. In this case, the patient does meet the above criteria for a knee brace. She complains of chronic knee pain, which is thought to be secondary to a medial meniscus tear. A knee brace will not benefit this condition, therefore the request is deemed not medically necessary.