MAXIMUS Federal Services

Case Number:	CM15-0097848		
Date Assigned:	05/28/2015	Date of Injury:	11/18/2013
Decision Date:	06/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/20/2015

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 34-year-old female, who sustained an industrial injury on 11/18/13. The injured worker was diagnosed as having dislocation of knee and unspecified disorders of joint. Treatment to date has included physical therapy, intraarticular injections and oral medications. X-rays of right knee and right tibia show no increase of osteoarthritis. Currently, the injured worker complains of right knee pain unchanged from previous visit rated 6/10. He states he is following a physical therapy program and claims no improvement at this time. He is currently not working. Physical exam noted limping with ambulation. A request for authorization was submitted for continued physical therapy to right knee and interferential unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury with a right knee dislocation on 11/18/13 and continues to be treated for right knee pain. When seen, she was limping and, although there had been great improvement initially with recent physical therapy, there had been no improvement at that visit. Pain was rated at 8/10.The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, there has been no improvement with the recent physical therapy provided. Additional physical therapy cannot be considered as being medically necessary.

IF unit 30-60 day rental/purchase if effective: 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 Transcutaneous electrotherapy, p114-121 Page(s): 114-121.

Decision rationale: The claimant sustained a work-related injury with a right knee dislocation on 11/18/13 and continues to be treated for right knee pain. When seen, she was limping and, although there had been great improvement initially with recent physical therapy, there had been no improvement at that visit. Pain was rated at 8/10.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 were benefit, then purchase of a unit would be considered. Rental of a unit for up to 60 days is not cost effective or medically necessary.