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| Case Number: | CM13-0054216 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/24/2001 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 10/24/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 60-year-old female who developed bilateral knee complaints as a result of a slip and fall injury at work on 04/21/01. The medical records provided for review specific to the claimant's right knee document that the claimant underwent surgical arthroscopy with tricompartmental chondroplasty, synovectomy, and lateral retinacular release in June 2013. Postoperatively, the claimant continued to have complaints of pain. The report of an MRI scan dated 10/02/13 showed signal change of the posterior horn of the meniscus, high-grade chondral change most noted in the lateral patellar facet and thickening of the extensor retinaculum. The clinical report dated 10/15/13 described continued right knee pain; there was no documentation of formal physical examination findings in the report. The clinical report documented that the treating physician reviewed the MRI that showed a meniscal signal change and degenerative findings. Based on the claimant's continued complaints of pain, a repeat knee arthroscopy was recommended. There was also a request for postoperative use of an interferential device. There was no specific documentation of conservative care with the exception of physical therapy following the time of the surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental if unit: 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 Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: California MTUS Chronic Pain Guidelines would not support a thirty day rental of an interferential device. While TENS devices are recommended in the postsurgical setting, the acute role of interferential stimulation following operative procedure, particularly to the knee, would not be appropriate as a stimulation modality is not supported for use in the acute postoperative setting. Such as, 30 day rental if unit is not medically necessary.