

Case Number:	CM14-0141334		
Date Assigned:	09/10/2014	Date of Injury:	06/15/2013
Decision Date:	10/20/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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:

The injured worker is a 42 year old female who sustained an injury on 06/15/13 when she fell injuring her right knee neck and right shoulder. The injured worker underwent prior right knee arthroscopy for partial meniscectomy on 04/24/14. The injured worker was evaluated on 07/10/14 for a pending physical rehabilitation program. The injured worker was followed for a prior history of lumbar laminectomy and right knee surgery. Medications included naproxen and Norco. Physical examination included a cardiac stress test which noted preserved ejection fraction. The injured worker was felt to be medically cleared to undergo work conditioning program and medical rehabilitation. Clinical record from 08/12/14 noted the injured worker had improved somewhat from the last evaluation. On physical examination the effusion had nearly resolved in the right knee with some continuing patellofemoral clicking on active flexion/extension. Radiographs were unremarkable for the right knee. The injured worker was recommended to continue with post-operative active physical therapy at this visit. The requested interferential unit rental for two months was denied by utilization review on 08/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator (Interferential unit) rental for 2 months.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: In review of the clinical documentation provided the injured worker is continuing to attend physical therapy on post-operative basis following surgical intervention for the right knee. Per current evidence based guidelines interferential units can be considered an option in the treatment of musculoskeletal complaints as part as an adjunct to a formal physical therapy program. Guidelines recommend rental for up to one month period to determine the efficacy of these types of units in the treatment of musculoskeletal complaints. From the most recent physical examination findings there were no exceptional factors noted that would support two month rental of interferential unit. As guidelines only recommend up to a one month rental for interferential stimulation the request would be considered excessive at this time and therefore not medically necessary.