

<b>Case Number:</b>	CM13-0040261		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 patient is a 52-year-old female who reported an injury on 07/26/2013, due to a fall from a ladder. The patient reportedly sustained injury to the elbow, knee, and shoulder. The patient's most recent clinical examination findings included restricted range of motion of the right shoulder secondary to pain, and an examination of the right knee that revealed a positive McMurray's sign, tenderness to palpation over the medial joint line. The patient's diagnoses included impingement syndrome of the right shoulder, contusion of the right elbow, hematoma of the right forearm, and a medial meniscus tear of the right knee. The patient's treatment plan included medications for pain relief, an MRI of the right knee, and physical therapy for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Decision for Purchase of Interferential Unit for the Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) and Exercise.

**Decision rationale:** The requested purchase of DME interferential unit for the right knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not

recommend the use of an interferential unit unless the patient has chronic intractable pain that has failed to respond to all lower levels of conservative treatment to include physical therapy and medications. Additionally, the purchase of an interferential unit is only supported when the patient has undergone a 30 day home trial that produced documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to lesser treatments. Additionally, there is no documentation that the patient has undergone a 30 day home trial of an interferential unit. Therefore, the purchase of interferential unit for the right knee is not medically necessary or appropriate.