

<b>Case Number:</b>	CM14-0106479		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/14/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and 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 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 60-year-old male who reported an injury on 01/14/2008. The specific mechanism of injury was not provided. Other therapies included a left knee arthroscopy with patella stabilization, a knee brace, physical therapy, and medications as well as a left knee intra-articular cortisone injection. The documentation of 06/19/2014 revealed the injured worker had complaints of occasional pain, popping, and locking of the bilateral knees, more on the right. The documentation indicated there were objective findings of anterior tenderness, swelling, and limping ambulation with the bilateral knees. X-rays were noted to have been taken with no increase of osteoarthritis. The treatment plan included an interferential unit for 30 to 60 days rental and purchase if effective for long-term care with supplies to manage pain and reduce medication. Additionally, the injured worker was noted to have been given an ultrasound guided cortisone injection. The diagnosis was osteoarthrosis, unspecified whether generalized or localized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit & Supplies for 60 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the unit as an adjunct to other conservative therapy. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Interferential unit & supplies for 60 days is not medically necessary.