

<b>Case Number:</b>	CM14-0153393		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Pain Management 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:

This 34 year-old patient sustained an injury on 5/8/14 from falling off a scaffold washing a wall while employed by [REDACTED]. Request(s) under consideration include Interferential Unit. Diagnoses include bilateral knee contusion/ right peripatellar bursitis; lumbar musculoligamentous sprain/strain and SI joint sprain; cervical musculoligamentous sprain/strain; post-traumatic headaches; right wrist sprain/strain; and right elbow sprain/strain. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Hand-written report of 8/18/14 from the provider noted the patient with ongoing right knee pain with popping and giving way rated at 7-8/10. Exam showed knees with healing laceration of patella; TTP at medial and lateral joint and peripatellar with positive crepitus, grind, and McMurry's with flex/ext of 0-142 degrees; lumbar spine with TTP, positive SI joint stress test and positive Fabere's. Medications list Hydrocodone, Methocarbamol, Prilosec, and Naproxen. The patient remained TTD. The request(s) for Interferential Unit was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** This 34 year-old patient sustained an injury on 5/8/14 from falling off a scaffold washing a wall while employed by [REDACTED]. Request(s) under consideration include Interferential Unit. Diagnoses include bilateral knee contusion/ right peripatellar bursitis; lumbar musculoligamentous sprain/strain and SI joint sprain; cervical musculoligamentous sprain/strain; post-traumatic headaches; right wrist sprain/strain; and right elbow sprain/strain. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Hand-written report of 8/18/14 from the provider noted the patient with ongoing right knee pain with popping and giving way rated at 7-8/10. Exam showed knees with healing laceration of patella; TTP at medial and lateral joint and peripatellar with positive crepitus, grind, and McMurry's with flex/ext of 0-142 degrees; lumbar spine with TTP, positive SI joint stress test and positive Fabere's. Medications list Hydrocodone, Methocarbamol, Prilosec, and Naproxen. The patient remained TTD. The request(s) for Interferential Unit was non-certified on 9/3/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Interferential Unit is not medically necessary or appropriate.