

<b>Case Number:</b>	CM14-0020877		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of July 13, 2013. Thus far, the applicant has been treated with the following: Surgical intervention, including chondral defect repair of the medial femoral condyle and lateral meniscus on December 16, 2013; anticoagulants for postoperative DVT; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for interferential current stimulator device, stating that the attending provider had not furnished a compelling evidence of this device, was indicated here. Overall rationale, however, was sparse. It appears that the interferential stimulator device was sought through a July 31, 2013 handwritten note, which employed preprinted checkboxes. No narrative commentary was attached. In a progress note of July 30, 2013, the applicant was described as reporting persistent complaints of left knee. The applicant was asked to obtain a knee MRI for suspected internal derangement of the knee. On February 12, 2014, the applicant was described as off of work, on total temporary disability. The applicant was receiving anticoagulation with Coumadin. Twelve sessions of physical therapy were sought. On January 2, 2014, the applicant was described as doing fairly well postoperatively. The applicant was described as off of work, on total temporary disability. The applicant was asked to employ a stationary bicycle 30 minutes daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF INTERSPEC INTERFERENTIAL II UNIT, LIFETIME LENGTH OF USE, MONTHLY SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic.2. MTUS 9792.23.b2 Page(s): 120.

**Decision rationale:** This is, strictly speaking, a postoperative case. As noted in section 9792.23.b2, however, the postsurgical treatment guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, page 120 of the MTUS Chronic Pain Medical Treatment Guidelines notes that interferential current stimulation can be employed in applicants in whom pain is ineffectively controlled due to diminished efficacy of medication, applicants who have a history of substance abuse that would make provision of oral pharmaceutical unwise, applicants whose pain is ineffectively controlled with medications, and/or applicants who have significant pain from postoperative conditions which limits the ability to perform home exercises and/or physical therapy. In this case, however, the applicant was described as having fairly well-controlled pain following the surgical procedure in question. The applicant was asked to attend physical therapy. The applicant is asked to use a stationary bike. There was no mention of medication inefficacy or poor pain control preventing participation in postoperative physical therapy and/or home exercises. The attending provider seemingly endorsed the request for the interferential stimulator without any associated narrative rationale or commentary. Therefore, the request is not medically necessary, for all of the stated reasons.