

<b>Case Number:</b>	CM14-0026945		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 62-year-old male who reported an injury on 09/03/2013 while picking up a railroad gate the injured worker's knee popped. The injured worker had a history of right knee pain with a diagnosis of a meniscus tear. The prior treatments included a steroid injection on 10/23/2013 to the right knee, 18 sessions of physical therapy, and a right knee brace. The injured worker underwent a right knee arthroscopy on 12/10/2013. An MRI of unknown date revealed a medial meniscus tear, a high grade knee sprain, and mild osteoarthritis of the medial femorotibial joint. Medications included tramadol the dosage and frequency of which was not indicated within the medical records. The injured worker reported pain rated 7/10 to the right knee using the VAS. Per the clinical note dated 02/03/2014, the objective findings revealed an extension to the right knee of minus 5 degrees and the flexion of 100 degrees and range of motion 0 degrees to 130 degrees with tightness to the right knee. The injured worker ambulated with a slight limp greater than 300 feet. The physical therapy note dated 02/12/2014 revealed that the injured worker had occasional stiffness with mild limping, was able to maintain a body position with transferring and independent with the activities of daily living. The injured worker reported pain at the physical therapy visit dated 02/14/2014 of a 2/10 using the VAS. The treatment plan included physical therapy, ice for the legs, and elevation of the right knee. The request for authorization form was dated 02/19/2014. The provider recommended the requested unit as the injured worker was doing good with the use of a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERSPEC IF II UNIT (INTERFERENTIAL) AND SUPPLIES FOR THE RIGHT KNEE:** 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 TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) Page(s): 114-116, 118.

**Decision rationale:** The request for an Interspec IF II unit and supplies for the right knee is not medically necessary. The California MTUS Guidelines indicate that interferential units are not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The clinical note dated 02/12/2014 revealed that the injured worker completed 18 sessions of physical therapy, after which, the injured worker was able to perform independent activities of daily living. Per the clinical note dated 01/10/2014 the injured worker reported pain rated 7/10 and then on 2/12/2014 the injured worker reported a decrease in pain to 2/10 using the VAS. The physical therapy notes did not address the use of an interferential unit or any functional deficits that would indicate that the injured worker was not benefiting from a TENS unit. There is no indication that the injured worker has completed a one month home based interferential unit trial with documentation indicating the efficacy of the unit and detailing the usage of the unit. As such, the request is not medically necessary.