

<b>Case Number:</b>	CM14-0038857		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Illinois. 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 41-year-old male who reported an injury on 12/05/2011 caused by placing his knee on the floor for several hours while attempting to mix a washing machine. The injured worker had a history of back and right knee pain with a diagnoses of cervical strain, a left trapezial strain, lumbar strain, and right knee strain. The MRI dated 07/01/2013 revealed no evidence of a meniscal tear. The clinical note dated 02/11/2014 revealed a past history of electromyogram study, physical therapy, accupuncture and 12 visits to the chiropractic treatment. The objective findings to the right knee revealed a well healed orthoscopic portals about the right knee, tender to palpitation at the medial aspect, flexion was 140 degrees and extension 180 degrees, lateral and medial stability was negative, posterior anterior draw negative and the Murray's test was negative. Per clinical note dated 03/12/2013 the injured worker underwent a right knee meniscal tear. The injured worker's medication included, Tramadol, tizanidine, zoten lotion, and proteolin, with a report of 5/10 using the VAS. The treatment plan included a zynex nexwave and supplies for the right knee. The Request For Authorization dated 06/27/2014 was found within the documentation. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zynex Nexwave And Supplies Right Knee X 2 Months Rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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

**Decision rationale:** The California MTUS Guidelines does not recommend the interferential current stimulation for isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments. The recommended treatments should include returning to work, exercise, and medications. There is limited evidence of improvement in those recommended treatments alone. A randomized trial that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and postoperative knee pain. As such, per the documentation provided there was no evidence that the conservative care had failed. The injured worker had post op physical therapy, chiropractic services, acupuncture, however, no documentation was submitted for review. As such, the request is not medically necessary.