

<b>Case Number:</b>	CM14-0064243		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Nevada. 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on October 31, 2012. The mechanism of injury is noted as stepping in a hole while pushing a wheelbarrow. The most recent progress note, dated February 19, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated range of motion of the left knee from 0 to 120 and tenderness at the medial joint line. There was a positive McMurray's test and patellofemoral crepitus. Diagnostic imaging studies of the left knee revealed a horizontal tear of the medial meniscus. Treatment includes a left knee arthroscopy and partial medial meniscectomy, physical therapy, and acupuncture. A request had been made for the rental of an inferential unit for three months and was not certified in the pre-authorization process on April 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Interferential (IF) Unit Rental times 3months date 04/03/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DME Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

**Decision rationale:** The California MTUS Guidelines do not support Interferential therapy as an isolated intervention. The Guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. A review of the available medical records, fails to document any of the criteria required for an IF unit one-month trial. Additionally, this request is for three months of usage. For these reasons, this request for an inferential unit rental for three months is not medically necessary.