

<b>Case Number:</b>	CM14-0068600		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 61-year-old female was reportedly injured on June 26, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 28, 2014, indicated that there were ongoing complaints of cervical spine pain and right knee pain. The physical examination demonstrated decreased cervical spine range of motion and decreased sensation of all the fingers on the right more than the left side. The examination of the right knee revealed range of motion from 0 to 125 and positive anterior drawer test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a right knee meniscectomy and a right knee total knee arthroplasty. A request had been made for an inferential current stimulation unit with a garment rental for two months for the right knee and was denied in the pre-authorization process on April 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential current Stimulation (IF) unit with garment rental for 2 months to right knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (IF) Page(s): 54.

**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, an exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Furthermore, an initial trial period should only be for one month's time. Review of the available medical records fails to document any of the criteria required for an inferential unit. As such, this request for a two month rental of an inferential unit and garment for the right knee is not medically necessary.