

<b>Case Number:</b>	CM14-0071698		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 29 year old male who reported an injury to his right knee when he was attempting to jump through a window during a mock situation for training on 11/17/12. The injured worker stated the right knee struck a concrete wall resulting in the onset of immediate pain. The clinical note dated 3/17/14 indicates the injured worker underwent an MRI of the right knee on 2/19/13. The injured worker also underwent a Cortisone injection thereafter. The note indicates the injured worker having complaints of radiating pain from the right knee into the thigh with occasional numbness surrounding the knee joint. The injured worker rated the pain as 8/10. The note indicates the injured worker was utilizing extra strength Tylenol at that time. The injured worker also was instructed to initiate physical therapy. The note indicates the injured worker able to demonstrate 0 to 130 degrees of range of motion. The injured worker was identified as having a positive McMurray's sign with tenderness identified at both the medial and lateral joint lines. The clinical note dated 7/9/14 indicates the injured worker having undergone a medial meniscectomy and synovectomy on 4/10/14. The injured worker stated he had been doing well thereafter. The clinical note dated 8/21/13 indicates the injured worker complaining of right knee pain, specifically at the medial peripatellar area. The injured worker stated that standing, walking, or climbing stairs exacerbates his pain. The note indicates the injured worker having undergone a Lidocaine injection at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INF unit 90 dy rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), TENS Page(s): 54,110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** The documentation indicates the injured worker complaining of ongoing right knee pain despite a previous surgical intervention. The use of an interferential unit is indicated provided the injured worker has undergone a one month trial period with an objective functional improvement following the trial as well as a reduction in pain medications. No information was submitted regarding the injured worker's previous trial of an interferential (INF) unit. Therefore, it is unclear if the injured worker would benefit from the use of an INF unit at the right knee. Therefore, this request is not indicated as medically necessary.