

<b>Case Number:</b>	CM14-0072288		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	08/29/2014	<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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female with a reported date of injury on 01/02/2013. The mechanism of injury was not provided within the documentation available for review. The injured worker's diagnoses included tear of the medial cartilage or meniscus of the knee. Diagnostic studies included x-rays of the right knee which showed soft tissue swelling. An MRI of the right knee revealed patellofemoral malalignment with lateral tilt of the patella. Previous conservative care includes physical therapy, injections, bracing, and rest. The injured worker presented with marked instability of the right knee. The physician indicated the injured worker was doing poorly, with locking and catching in the right knee. The injured worker's medication regimen included Norco, Cyclobenzaprine, Pantoprazole, and Prednisone. The treatment plan included a request to proceed with a diagnostic and operative arthroscopy of the right knee with a lateral release and medial repair. The rationale for the request was not provided within the documentation available for review. The request for authorization for interferential unit rental for sixty (60) for the right knee was submitted on 05/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit, rental for sixty (60), for the right knee, purchase if effective: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation ODG, Knee chapter, Interferential current therapy; Pain chapter.

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

**Decision rationale:** The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments, including return to work, exercise, and medications, with limited evidence of improvement on those recommended treatments alone. While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used anyway would include: pain is ineffectively controlled due to diminished effectiveness of medication; pain is ineffectively controlled with medications due to side effects; history of substance abuse; significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. The clinical information provided for review indicates the injured worker has been referred for surgery to the knee. There is a lack of documentation related to the date and outcome of the surgery. The injured worker's medication regimen is not provided within the documentation available for review. There is a lack of documentation related to pain being ineffectively controlled with medications or side effects. In addition, the clinical information provided for review lacks documentation related to the use of conservative measures to include exercise or physical therapy in addition to the interferential unit. Therefore, the request for interferential unit, rental for sixty (60), for the right knee, purchase if effective is not medically necessary.