

<b>Case Number:</b>	CM14-0087655		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 California. 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 patient is a 38-year-old male with a date of injury of 05/02/2013. The listed diagnosis per [REDACTED] is left knee ACL (anterior cruciate ligament). According to progress report 05/12/2014, this patient is status post left knee ACL reconstruction on 08/27/2013. The patient states that he is doing well but does continue to have pain. Examination revealed anterior tenderness, stiffness and limping ambulation to the left knee. X-rays taken this date showed left knee and left tibia show no progression of degenerative changes. Treatment plan includes additional physical therapy and an interferential unit for 30-60 day rental and purchase if effective. Utilization review denied the request for IF unit on 05/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF (interferential) unit and supplies for rental/purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation. Decision based on Non-MTUS Citation Blue Cross Blue Shield; TENS and on the Non-MTUS Blue Cross Blue Shield; TENS.

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

**Decision rationale:** This patient is status post left knee ACL reconstruction on 08/27/2013 and continues to have pain, tenderness and stiffness. The treater is requesting an interferential unit and supplies for 30-60 day rental and purchase if effective. The treater states the unit is needed to manage patient's pain and reduce medication usage. The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. MTUS limits duration to a one-month trial when indications have been met. In this case, the patient presents with post operative knee pain but the treater's request is for 30-60 days rental. Recommendation is for denial.