

<b>Case Number:</b>	CM14-0094451		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 60 year old female with date of injury 8/16/13 that suffered an injury after tripping on an electrical cord. The treating physician report dated 4/18/14 indicates that the patient presents with pain affecting the right knee. The patient reports pain to be 10/10. The current diagnoses are: 1. Right medial meniscus tear. 2. Medial anterior knee syndrome. 3. S/P patellar fracture. The utilization review report dated 6/19/14 denied the request for IF unit, and modified the physical therapy request for 12 sessions (3x4) to three physical therapy visits based on MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with chronic right knee pain rated 10/10 on a VAS. The current request is for Interferential (IF) Unit. The utilization review report dated 6/19/14 indicates that the decision was based on the treating physicians report dated 6/4/14. I was unable

to locate the aforementioned report. However, after reviewing utilization review notes regarding that report, the treating physician notes that the patient has a slightly antalgic gait favoring her right knee. The MTUS Guidelines do not recommend interferential current stimulation (ICS). MTUS goes on to say that if ICS is decided to be used, the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. In this case the treating physician has not provided any information to indicate that a trial of interferential current stimulation is warranted and MTUS does not support this modality. The request is not medically necessary.

**Physical Therapy 12 sessions 3x4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with chronic right knee pain rated 10/10 on a VAS. The current request is for physical therapy 12 visits, three times four weeks. The utilization review report dated 6/19/14 indicates that the decision was based on the treating physicians report dated 6/4/14. The 6/4/14 report was unavailable for review in the 95 pages submitted for review. The MTUS guidelines support physical therapy for myalgia and neuritis 8-10 visits over 8 weeks. There is nothing in the medical records to support additional treatment beyond the 8-10 visits. The request is not medically necessary.