

<b>Case Number:</b>	CM14-0199466		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 8/13/13. The diagnoses include osteoarthritis right knee. Under consideration are requests for interferential unit purchase electrodes (18pairs) purchase American [REDACTED] sterile electrodes (2pairs). The documentation reveals that the patient underwent an uncomplicated right knee manipulation under anesthesia and arthroscopy to remove loose bodies and part of a lateral meniscus and synovium and articular cartilage from the arthritic compartments of the knee on 1/24/14. Treatment has also included a knee brace, physical therapy; medication management. The patient has not worked since 8/14/13. Per documentation the patient had an office visit 5/21/14 where it was deemed he was appropriate for a total right knee replacement. A 12/15/14 progress not indicates that the patient was scheduled for a right total knee replacement on 11-14-14. Physical exam findings in the documentation reveals decreased right knee range of motion and crepitus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit purchase, electrodes (18pairs) purchase American [REDACTED] sterile electrodes (2pairs):** Upheld

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

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

**Decision rationale:** Interferential unit purchase, electrodes (18pairs) purchase American [REDACTED] sterile electrodes (2pairs) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in regards to interferential therapy 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 studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation does not reveal evidence of less reported pain, evidence of medication reduction and increased functional improvement after a one month trial of an interferential unit purchase therefore this request is not medically necessary.