

<b>Case Number:</b>	CM14-0201757		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Internal Medicine 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 th

### 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 (IW) is a 32-year-old man with a date of injury of May 8, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right knee contusion with right peripatellar bursitis; lumbosacral sprain/strain with bilateral SI joint sprain; bilateral shoulder sprain/strain with left periscapular sprain; and headaches, refer to neurologist. Pursuant to the handwritten, largely illegible progress note dated October 3, 2014, the IW complains of right knee pain with popping, instability and giving way. Pain increases with walking, kneeling and squatting. Pin is rated 7-8/10. The pain is described as moderate to severe, constant, and sharp. The pain is associated with weakness, ache, and soreness. Objective physical findings reveals tenderness to palpation (TTP) to the lumbar spine. Positive sacroiliac joint stress test bilaterally, and positive Faber's test bilaterally. Examination of bilateral knees reveals TTP to the medial and lateral joint. McMurray's sign is positive. The remainder of the objective findings are illegible. The treatment plan recommendations include complete the remainder 5 acupuncture sessions, MRI of the right knee, and schedule neuro consult. The current request is for interferential unit (IF). The documentation does not indicate if the IW had a trial IF unit or TENS unit, and response to the unit. The documentation does not indicate which area/region is to be treated with the IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pin Section, Interferential stimulation Unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, interferential current stimulation (ICS) unit is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments, including return to work, exercise and medications and limited evidence of improvement on those recommended treatments alone. The Official Disability Guidelines and enumerate Patient Selection Criteria that should be documented by the medical care provider for ICS to be determined to be medically necessary. In this case, the documentation is largely illegible. The progress note dated October 3, 2014 (the only legible/readable note) indicates the injured worker's working diagnoses are bilateral knee contusion with right peri-patella bursitis; lumbosacral sprain/strain with bilateral S I joint sprain; bilateral shoulder sprain/strain with left periscapular sprain; and complains of signs and symptoms of headaches??. The guidelines indicate the Patient Selection Criteria should be documented by the medical care provider for ICS to be determined to be medically necessary. The documentation is illegible and unreadable and, consequently, Patient Selection Criteria are not documented. It is unclear whether pain is ineffectively controlled due to ineffectiveness of medications or side effects, history of substance abuse, unresponsive to conservative measures, etc. Additionally, the documentation does not state what area/region is to be addressed with ICS. The guidelines state if the criteria are met, then a one month trial may be appropriate to permit the physician and physical therapy provided to study the effects and benefits. The request does not state whether a 30-day trial is indicated or a purchase is indicated. Consequently, absent the appropriate documentation, illegible medical records, ICS rental versus purchase, interferential current stimulation unit (ICS) is not medically necessary.