

<b>Case Number:</b>	CM14-0207427		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 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 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 (IW) is a 54-year-old man with a date of injury of June 12, 2014. The mechanism of injury occurred when the IW was standing on a hill and putting his foot on a rock to pull weeds. The rock slid out and he injured his right knee, heard a pop and felt throbbing and burning that traveled to his right thigh. The injured worker's working diagnoses are medial meniscus tear right knee; grade 2-3 chondromalacia of the medial compartment right knee; subacute bone bruise in the right medial tibial plateau; old subacute healed compaction or stress fracture of the right medial tibial diaphysis; and large hematoma right distal leg/tibia. Pursuant to the clinical note from the treating chiropractor, the IW complains of constant right knee pain, described as dull/sharp accompanied by popping, swelling, grinding, and weakness with giving way. Pain is rated 5-8/10. The IW is wearing a knee brace. Examination of the bilateral knees reveals remarkable tenderness of the medial and lateral meniscus, patellar tendon and MCL. There was crepitus upon motion. He is unable to perform a squat. McMurray's test and patellar grinding are positive on the right. Range of motion was normal. Lower extremity motor strength is decreased on the right knee extensors at 3/5. The treating physician reports the IW has undergone a limited amount of physical therapy with some objective improvement including decreased edema and increased range of motion, however, remains symptomatic. The provider is recommending chiropractic care with an emphasis on therapeutic exercises. The IW will also benefit from a strengthening program. A referral for orthopedic surgical consultation is indicated for the right knee. There was no discussion regarding an interferential unit the treatment plan. The current request is for a home interferential unit 90-day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Unit 90 Day Trial for The Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-120.

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

**Decision rationale:** Per the Official Disability Guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention. There is limited evidence of improvement on those recommended treatments alone. The findings from these trials are either negative or insufficient for recommendation due to poor study design or methodological issues. The Official Disability Guidelines enumerate Patient Selection Criteria that should be documented by the medical care provider for ICS to be medically necessary. An ICS should not be certified until after a one-month trial. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are medial meniscus tear right knee; grade 2 - 3 chondromalacia of the medial compartment right knee; subacute bone bruise in the right medial tibial plateau; old/sub-acute healed compaction or stress fracture of the right medial tibial diaphysis; and large hematoma right distal leg/tibia. The documentation does not contain a clinical rationale for ICS. The documentation from an October 24, 2014 progress note was reviewed. It indicated chiropractic treatment, exercises and an orthopedic referral were indicated. There was no request for an ICS in the documentation. Additionally, the treating physician requested a 90 day home-based trial. The guidelines recommend a 30 day based trial. Consequently, absent the appropriate clinical documentation and patient selection criteria documentation and nonadherence to the guideline recommendations for 30 day home-based trial, home interferential unit 90 day trial to the right knee is not medically necessary.