

<b>Case Number:</b>	CM15-0002934		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 46-year-old male who reported an injury on 05/24/2007. The mechanism of injury was not stated. The current diagnoses include history of right knee arthroscopy, history of ORIF of the right tibia, degenerative joint disease of the right knee, status post Orthovisc injection, history of right ankle arthroscopy in 07/2010, persistent rib contusion, and complaints of depression/anxiety. The injured worker presented on 08/20/2014, with complaints of right knee pain. Upon examination, the injured worker walked with a normal gait and a normal arm swing. There was no effusion of the right knee. Treatment recommendations at that time included a 30 day trial of a Meds-4 interferential unit with garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit w/ Garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** The California MTUS Guidelines state 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. There should be evidence that pain has been ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, or significant pain from postoperative conditions. According to the documentation provided, there was no indication that the injured worker had failed to respond to conservative treatment prior to the request for an interferential current stimulation unit. There was also no evidence of a significant musculoskeletal or neurological deficit upon examination. The injured worker walked with a normal gait and a normal swing. There was no effusion of the right knee noted. It was noted by the provider that the injured worker was to receive the interferential unit with garment to assist in pain control and muscle spasm. However, there was no documentation of muscle spasm upon examination. The medical necessity has not been established. The current request does not include a duration of treatment. Given the above, the request is not medically appropriate.