

<b>Case Number:</b>	CM15-0009800		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Arizona

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 58-year-old female who reported an injury on 09/17/2014 due to an unspecified mechanism of injury. On 12/16/2014, she presented for an Agreed Medical Evaluation. She reported intermittent midline and bilateral paraspinous discomfort graded at an 8/10 to 10/10; left knee and leg pain; and intermittent swelling in the left ankle and foot. A physical examination of the lumbar spine showed an expression of discomfort with deep palpation about the midline and no gross deformity. The iliac crests were parallel and range of motion was noted to be flexion 32/29/30, extension 21/19/18, right lateral bend 20/18/21 and left lateral bend to 20/20/23. She was unable to heel or toe walk but was able to squat one fourth of the way down and arise from the squatted position with the use of 1 arm for push off. Straight leg raise was negative bilaterally in Lasegue's and faber's maneuvers were negative bilaterally. The lower extremities showed muscle strength at a 4/5 in the left quadriceps and hamstrings and 5/5 throughout the rest. Sensation was intact and reflexes were trace and symmetric as well as hypoactive in the patella and Achilles bilaterally. The left knee showed mild effusion noted about the knee and an expression of discomfort with deep palpation about the anterior aspect. Provocative testing was negative and there was no evidence of rotary instability. She was diagnosed with a lumbar spine and left knee strain and history of cervical and lumbar spine strain secondary to a motor vehicle accident. The treatment plan was for the interferential unit 5 month rental. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit x 5 month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential current stimulation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation, Page(s): 118-119..

**Decision rationale:** The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention and there is no quality evidence of effectiveness except in conjunction with recommended treatment. It is also recommended that there be a 1 month home based TENS trial. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body areas. However, there is a lack of documentation to support the requested interferential unit. A 5 month rental would exceed the guideline recommendations and there is no evidence that the injured worker is currently enrolled in an adjunct treatment modality with a functional restoration approach. Also, there is a lack of documentation showing that she has tried and failed all recommended conservative therapies and the body part for which the interferential unit would be used on was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.