

<b>Case Number:</b>	CM15-0104880		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old male who sustained an industrial fall injury to his right hip on 01/01/2015. The injured worker was diagnosed with right hip intertrochanteric fracture and underwent an open reduction internal fixation on January 2, 2015. Other pertinent diagnoses include right knee sprain/strain, depression, anxiety and diabetes mellitus. Treatment to date includes diagnostic testing, surgery, in-patient and postoperative physical therapy, walker for assistance and medications. According to the primary treating physician report on April 28, 2015, the injured worker continues to experience burning hip pain radiating to the right knee associated with stiffness and weakness. Examination of the right hip demonstrated decreased motor strength and painful range of motion in all planes with tenderness to palpation of the anterior, lateral and posterior hip with a positive Fabere's sign. The right knee revealed decreased range of motion with motor strength at 4/5 of the hamstring and quadriceps. McMurray's was positive. The injured worker utilizes a walker for ambulatory support. According to a secondary treating physician's progress report on May 6, 2015, the injured worker was unchanged presenting with an antalgic gait without the use of assistive devices. Current medications are listed as Norco, Soma, Voltaren and Protonix. Treatment plan consists of right knee magnetic resonance imaging (MRI) to rule out internal derangement, home health care, acupuncture therapy, physical therapy, psychiatric evaluation and treatment, medications and the current request for an Interferential Stimulation (IF) unit rental for 5 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit rental 5 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 113-115.

**Decision rationale:** According to the guidelines, 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. Controlled trial show some benefit at 14 weeks. In this case, the IF unit is provided along with other conservative measures. However, there is no indication of its response over 6 months. There is no evidence for the long-term use of an IF unit. The IF unit as prescribed above is not medically necessary.