

<b>Case Number:</b>	CM15-0145309		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 51 year old male, who sustained an industrial injury on 1-19-15 Initial complained of tripping and falling forward landing on his left knee. The injured worker was diagnosed as having chondromalacia left knee; left hip strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-22-15 indicated the injured worker had not had an MIR and does not notice any improvement with the continued self-treatment. He walks with a non-antalgic gait and is able to heel-toe walk. There is a negative Trendelenburg sign. On examination of the left hip there is no tenderness to palpation and no irritability or pain with resisted straight leg raise or axial compression. There is full and symmetric range of motion. On examination of the left thigh, there is no soft tissue swelling, palpable defects or stretch pain. On examination of the left knee, there is no soft tissue swelling, instability or effusion. There is tenderness to palpation over the medial joint line. There is medial pain with McMurray Maneuver. There is mild patellofemoral irritability with satisfactory patella excursion and tracking. There is grade 4 out of 5 quadriceps/hamstring strength. The range of motion is 0 to 20 degrees. The provider notes the injured worker will continue to perform full duty work activities. The provider is requesting authorization of Multi Stim (Interferential) Unit, Qty 1 (retrospective DOS 6/22/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim (Interferential) Unit, Qty 1 (retrospective DOS 6/22/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neuromuscular electrical stimulation (NMES devices) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, multi-stimulator Interferential unit (IF) #1 retrospective date of service June 22, 2015 is not medically necessary. Multi-stimulator includes a neurostimulator, TENS, electro-muscle-stimulator unit with supplies, rental or purchase is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. IF Unit: There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are IDK/chondromalacia left knee; and left hip strain. The date of injury is January 19, 2015. Request for authorization is July 6, 2015. According to a progress note dated June 22, 2015, there has been no magnetic resonance imaging study to date. There has been no improvement with self treatment of the left knee. Objectively, there is a non-antalgic gait with tenderness to palpation over the medial joint line. The progress note dated June 22, 2015 does not contain a clinical discussion, indication or rationale for a multi-stimulator (IF) unit. Additionally, Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no documentation of a one month trial. Consequently, absent guideline recommendations for a multi-stim (IF) unit and a clinical discussion, indication and rationale for a multi-stim unit, multi-stimulator Interferential unit (IF) #1 retrospective date of service June 22, 2015 is not medically necessary.