

<b>Case Number:</b>	CM15-0165274		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female, who sustained an industrial injury on 2-02-2015. She reported hitting her leg against a table. The injured worker was diagnosed as having right knee medial and lateral tibial plateau fracture, right knee internal derangement, right knee medial meniscus tear, and right knee sprain-strain. Treatment to date has included diagnostics, therapy, and medications. Currently, the injured worker complains of constant right knee pain with radiation to the right foot, moderate to severe. She also reported loss of sleep due to pain. Work status was total temporary disability. Current medication regimen was not noted. Surgery was recommended for the right knee and she was seeking a second opinion. The treatment plan included IF (interferential) MEDS #4 with garments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Meds #4 with Garments:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114 Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Interferential current stimulation (ICS).

**Decision rationale:** The claimant sustained a work injury in February 2015 and continues to be treated for right knee, ankle, and foot pain. When seen, she was having constant pain. She was having difficulty sleeping. Physical examination findings included right knee swelling with decreased range of motion. There was tenderness throughout the knee with muscle spasms and positive McMurray's testing. There was ankle and lateral foot swelling. Ankle and foot range of motion was decreased. There was tenderness throughout the ankle and foot. Authorization for an interferential combination stimulation unit with garments was requested. Interferential current stimulation is not recommended as an isolated intervention. For Interferential Current Stimulation to be determined to be medically necessary the provider should document that pain is ineffectively controlled by appropriate conservative measures. If those 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. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A garment should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case the claimant has not undergone a trial of interferential stimulation. Additionally, a combination unit is being requested rather than a single function basic unit. Providing a home unit for indefinite use is not medically necessary.