

<b>Case Number:</b>	CM15-0187380		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/02/1999
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 61 year old female, who sustained an industrial injury on 04-02-1999. She has reported subsequent low back, left knee and right hip pain and was diagnosed with left knee meniscal tear and internal derangement status post arthroscopy, spinal contusion, spinal strain, L4-L5 disc protrusion, right knee contusion, wrist contusions, status post right hip surgery and right trochanteric bursitis. MRI of the lumbar spine on 01-07-2008 showed multilevel disc desiccation from L2-L3 inferiorly through L5-S1 with multilevel posterior disc bulges and MRI of the left knee on 08-31-2012 showed degenerative arthrosis, findings consistent with tear of posterior horn of left medial meniscus and probable subchondral cysts in distal aspect of medial femoral condyle. Treatment to date has included pain medication, water therapy, physical therapy and a home exercise program. Water therapy was noted to help with pain. In a progress note dated 07-24-2015, the injured worker reported neck and low back pain at 4-5 out of 10, hip pain that was rated as 2-3 out of 10 and knee pain rated as 4-5 out of 10. The physician noted that the injured worker was having extra difficulties with her lower extremities and still walked with use of a cane. The physician noted that the injured worker needed to go back to the AME and had no intention of going back to work with the amount of pain she had. Objective examination findings showed pain with range of motion of the cervical spine, shoulders and lumbar spine, decreased range of motion, mild muscle spasm of the lumbar spine on forward flexion, tenderness of the sacroiliac joint, swelling and tenderness of the trochanteric region of the right, decreased range of motion of the right hip, positive Trendelenburg test on the right, weak motor power to the hip, tenderness of the medial aspect of the knees, positive Patellar grind test and

slight weakness on extension of the knees secondary to mild pain. The physician noted that a VQ Orthocare interferential stimulation unit would be requested to be utilized for pain control for the spine and lower extremities. Work status was documented as off work. A request for authorization of VQ OrthoCare interferential stimulation unit was submitted. As per the 08-24-2015 utilization review, the request for VQ OrthoCare interferential stimulation unit was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**VQ OrthoCare interferential stimulation unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic 1999 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status, remaining off work and exercises not demonstrated here. The VQ OrthoCare interferential stimulation unit is not medically necessary and appropriate.