

<b>Case Number:</b>	CM15-0188321		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old male, who sustained an industrial injury on 7-19-11. The injured worker has complaints of right knee pain with a pain level of 4 out of 10 with having had surgical procedure on 7-15-15. There is slight swelling. The diagnoses have included lateral meniscus tear. Treatment to date has included ibuprofen. Right knee X-ray on 6-10-15 showed mild degenerative changes of the right knee are present and stable ossific density, which is likely a loose body in the popliteal cyst. Magnetic resonance imaging (MRI) of the right knee on 3-17-15 showed tricompartment osteoarthritis particularly affecting the medial compartment; medial tibia plateau marrow edema may be degenerative in nature; prior impaction or insufficiency injury is additionally considered with joint effusion-synovitis and popliteal cyst with contained 9 millimeter loose body and smaller debris. The original utilization review (9-16-15) denied the request for interferential unit times 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit x1:** 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): Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** According to the CA MTUS/ACOEM Chronic Pain Medical Treatment Guideline, page 118, use of ICS is not recommended as an isolated intervention. 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. In this case the worker has knee pain secondary to osteoarthritis. ICS is not recommended by the treatment guidelines and therefore the request for an inferential unit is not medically necessary.