

<b>Case Number:</b>	CM15-0193489		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: California

Certification(s)/Specialty: Emergency 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 63 year old female with an industrial injury dated 01-29-2010. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the knee and pain in joint involving the lower leg. In a progress report dated 07-07-2015, the injured worker reported increased bilateral knee pain. Pain level was 7 out of 10 on a visual analog scale (VAS). The injured worker reported progressive pain along with muscle spasms which worsened at night. According to the progress note dated 08-19-2015, the injured worker reported constant aching pain to the right knee. The injured worker also reported that the pain increase while laying down at night and left knee pain increased when walking. Objective findings (08-19-2015) revealed medial line tenderness to bilateral knees along with swelling, limited knee range of motion, and antalgic gait. The treating physician reported the x-rays of the bilateral knees and bilateral tibia revealed no increase of osteoarthritis. Treatment has included diagnostic studies, prescribed medications, work restrictions and periodic follow up visits. The treating physician prescribed services for Interferential Unit (IF) and Supplies 30-60 day rental and purchase for long term, if effective. The utilization review dated 09-11-2015, non-certified the request for Interferential Unit (IF) and Supplies 30-60 day rental and purchase for long term, if effective.

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

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

**Interferential Unit (IF) and Supplies 30-60 Day Rental And Purchase For Long Term If Effective:** 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:** As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. There are some vague claims that a trial done on 3/15 was "effective" but lack of any objective improvement in pain or functional status invalidates such a claim. This request is by itself invalid. This is both a request for a rental and for purchase as per the providers own judgment of "effective" which is not an objective measure as per MTUS guidelines. ICS is not medically necessary.