

<b>Case Number:</b>	CM15-0206933		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 61 year old female, who sustained an industrial injury on 09-26-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for osteoarthritis of the knees, and knee pain. Medical records (04-09-2015 to 09-14-2015) indicate ongoing bilateral knee pain. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate worsening pain; however, the IW had been temporarily disabled until 09-14-2015. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-14-2015, revealed limited range of motion in both knees. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. A request for authorization for an Interferential (IF) unit rental and purchase was dated 05-29-2015. Per the PR (07-23-2015), it was reported that the IW had received the IF unit but had not used it yet. There was no other mention of the use of this unit or the results of its use. The treating physician indicates that x-rays showed no increase in osteoarthritis. The request for authorization was not available for review; however, the utilization review letter states that the following equipment and supplies were requested on 09-30-2015: Interferential (IF) unit for purchase of the left knee including monthly supply for electrodes, batteries, and wipes/lead wire. The original utilization review (10-02-2015) non-certified the request for Interferential (IF) unit for purchase of the left knee including monthly supply for electrodes, batteries, and wipes/lead wire.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) unit for purchase of the left knee including monthly supply for electrodes, batteries, and wipes/lead wire: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in September 2010. She underwent a left total knee replacement. In March 2015, she was referred for postoperative physical therapy. In May 2015, she was doing well since her previous visit. She was having ongoing pain and discomfort with pain rated at 6/10. She was currently participating in physical therapy. Authorization for 12 additional physical therapy treatments and for a 30-60 day rental and purchase of an interferential stimulation unit and supplies was requested. When seen in September 2015 she was having continued intermittent bilateral knee pain. She had ongoing limited knee range of motion. X-rays showed no increase in arthritis. Additional physical therapy and authorization for purchase of an interferential unit including monthly supplies was requested. Criteria for a one-month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is no documented trial of interferential stimulation or failure of conservative treatment as physical therapy is ongoing. The purchase of a home interferential unit is not medically necessary.