

<b>Case Number:</b>	CM15-0207603		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/17/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 42 year old male who sustained an industrial injury on 08-17-2015. Medical records indicated the worker was treated for strain-sprain of the knee, right knee-leg. In the provider notes of 10-12-2015, the worker is seen in follow up examination of his right knee. He reports doing better but still having pain in the knee. A MRI of the right knee found intrasubstance degeneration throughout the lateral meniscus and within the posterior horn of the medial meniscus without a complete tear. The treatment plan included a return to modified duty on 10-13-2015 with no prolonged standing, no bending, stooping or climbing, and no kneeling, squatting or crawling. A request for authorization was submitted 10-19-2015 for an interferential current unit (IF unit) and supplies for right knee 30-60 day rental and purchase. A utilization review decision 10-21-2015 non-approved the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit and supplies for right knee 30-60 day rental and purchase:** 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 current request is for an IF UNIT AND SUPPLIES FOR RIGHT KNEE 30-60 DAY RENTAL AND PURCHASE. Treatment history includes right knee meniscal surgery in 2005, medication, and physical therapy. The patient is temporary partially disabled with sedentary work only. MTUS Guidelines, Interferential Current Stimulation (ICS), pages 118-120 state that 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. These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Per report 10/01/15, the patient presents with right knee pain with locking and catching. He complains of instability of the knee. Physical examination revealed mild to moderate intra-articular effusion about the knee. McMurray's sign and Apply compression and distractions tests are positive. The patient is participating in PT, and managing with NSAID, icing and a brace. The treater made a request for an interferential current unit (IF unit) and supplies for the right knee, 30-60 day rental and purchase. MTUS Guidelines require a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. In this case, the requested 30-60 day rental and purchase exceeds what is allowed by MTUS Guidelines. In addition, there is no evidence that pain is ineffectively controlled with medications due to diminished effectiveness or side effects, no history of substance abuse, post-operative pain, or that the patient is unresponsive to conservative measures. Therefore, the request as written IS NOT medically necessary.