

<b>Case Number:</b>	CM15-0043636		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 31 year old female, who sustained an industrial injury on 10/29/2014. He reported sustaining a twisting injury to the right knee while performing his daily work activities. The injured worker was diagnosed as having lateral meniscus tear of the right knee and status post lateral meniscectomy. Treatment to date has included medication regimen, status post arthroscopy of the right knee with three compartment synovectomy and partial lateral meniscectomy, and physical therapy. In a progress note dated 01/29/2015 the treating provider reports complaints of right knee pain with locking, catching, and instability of the knee. The medical records provided did not contain the documentation for the current request of durable medical equipment of an Inferential Unit with supplies for 30-60 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME (durable medical equipment) Inferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS)/ Transcutaneous electrotherapy Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

**Decision rationale:** ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." While the medical documents does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do indicate ongoing physical therapy and/or chiropractic treatment (unknown number of sessions); however, progress notes do not detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for DME (durable medical equipment) Inferential Unit is not medically necessary.