

<b>Case Number:</b>	CM15-0087927		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	11/01/1993
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 was a 58 year old male, who sustained an accumulative industrial injury, November 1, 1993 through January 10, 1995. The injured worker previously received the following treatments x-rays of the bilateral knee, Norco, MS Contin, intra-articular cortisone injection random toxicology laboratory testing with expected results and alternating heat and ice to the bilateral knees. The injured worker was diagnosed with thoracic/lumbosacral neuritis/radiculitis and osteoarthritis involving multiple sites. According to progress note of April 11, 2015, the injured workers chief complaint was bilateral knee pain. The injured worker rated the pain was 7 out of 10. The injured worker was taking Norco to alleviate pain. The physical exam noted medial tenderness and limping ambulation to the bilateral knees. The injured complained lumbar shooting pain down the bilateral lower extremity. The injured worker received an intra-articular cortisone injection in the past, which the injured worker found helpful. There was x-rays of the bilateral knees and bilateral tibia taken at the visit which showed no increase of osteoarthritis on March 25, 2015. The treatment plan included interferential unit rental 30-60 days with purchase effective (March 25, 2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit rental 30-60 days, purchase if effective (DOS 03/25/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The patient presents on 04/11/15 with right knee pain rated 7/10, and unrated lower back pain which radiates into the right lower extremity. The patient's date of injury is 11/01/93. Patient is status post intra-articular cortisone injection at a date and side unspecified. The request is for INTERFERENTIAL UNIT RENTAL 30-60 DAYS, PURCHASE IF EFFECTIVE DOS: 03/25/15. The RFA is dated 04/10/15. Physical examination dated 04/11/15 reveals medial tenderness to palpation of the bilateral knees and limping ambulation. The patient's current medication regimen is not specified. Diagnostic imaging was not included, though progress note dated 04/11/15 discusses recent knee x-rays of the bilateral knees as showing: "no soft tissue swelling." Patient is currently retired. Regarding interferential current stimulation, MTUS Chronic Pain Medical Treatment guidelines page 120 has the following: "Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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., re-positioning, 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. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." In regard to the 30-60 day IF unit trial rental (and purchase if effective), the requesting provider has specified an inappropriate duration of trial period. Progress notes provided do not indicate that this patient has trialed an IF unit to date, and has failed a number of conservative therapies directed at his knee complaint. MTUS guidelines support the purchase of an IF unit only if proven effective during a 30 day trial period. However, the requesting provider has specified a 30-60 day trial period, exceeding guideline recommendations. Were the request for a 30 day rental of the unit for trial, the recommendation would be for approval. However, the request as written exceeds MTUS guideline recommendations for trial duration and cannot be substantiated. The request IS NOT medically necessary.