

<b>Case Number:</b>	CM14-0119940		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36 year old male who had work related injuries on 03/03/14. He was carrying a heavy wooden door and felt his knee twist and pop. He developed knee swelling and mechanical symptoms. He had difficulty weight bearing fully and had progressive pain. Left MRI post-arthrogram on 03/06/14 revealed intact cruciate ligaments. Interval post-operative intervention of medial meniscus with no evidence of new meniscal tear. No acute osseous abnormality. No loose body. EMG of lower extremities dated 05/14/14 motor nerve conduction studies along left peroneal and left tibial nerves were normal. There was no electrophysiological evidence of delay along the left peroneal nerve across the fibular head. Motor nerve conduction study of the left tibial nerve across the tarsal tunnel was within normal limits. Sensory nerve conduction studies of the left superficial, peroneal, left surreal sensory, left proximal saphenous nerve were within normal limits. Mild abnormalities tacked along the left tibial sensory nerve across the tarsal tunnel on the left side. These findings were suggestive of mild delay along left tibial secondary nerve across tarsal tunnel. The claimant reported constant left knee pain with intermittent locking of the left foot numbness with toes curling and loss of voluntary motion, and near constant low back pain. Physical examination revealed no effusion, tenderness in the medial joint and MCL full and painless range of motion. No instability. Strength rated normal. Anterior and posterior drawer signs negative. Lachman sign negative. Stable to varus valgus stress and McMurray was equivocal. Diagnosis left knee pain, possible retear versus post-surgical changes of medial meniscus. Prior utilization review on 07/08/14 was non-certified. Current request was for 30 day trial of ART interferential stimulator. On visit dated 06/16/14 use of IF stimulator with positive results, but specifics of positive results were not outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(30) Day Trial of A.R.T. Inferential Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Neuromuscular Stimulators

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** The request for a 30 day Trial of A.R.T. Inferential Stimulator is not medically necessary. The clinical documentation submitted for review does not show evidence that the injured worker has failed other appropriate pain modalities. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II. There is no clinical evidence that the injured worker has neuropathic pain. Therefore, medical necessity has not been established.