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| <b>Case Number:</b>   | CM15-0014831 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 08/16/2001 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 01/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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 43-year-old male who sustained an industrial injury on 08/16/2011. Current diagnoses include left knee chondromalacia patella and left knee medial meniscus of the anterior horn. Previous treatments included medication management, and left knee surgery. Initial complaints included left knee and right hip injuries. Report dated 12/02/2014 noted that the injured worker presented with complaints that included left knee pain and right hip tightness. Pain level was 5 out of 10 (left knee) and 0 out of 10 (right hip) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for the next follow up visit, corticosteroid injection for the left knee, IFC unit to try and build muscle mass in the quadriceps, and therapy. Disputed treatments include IFC unit left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IFC Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Interferential Current Stimulation (ICS).

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

**Decision rationale:** This patient presents with chronic left knee pain and is status post left knee arthroscopy from 01/058/14. The Request for Authorization is dated 12/02/14. The current request is for an IFC unit. Previous treatments included medication management, physical therapy and left knee surgery. The patient is currently working without restrictions. For interferential current stimulation, the MTUS Guidelines page 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." Interferential stimulation units are recommended in cases where: 1.) Pain is ineffectively controlled due to diminished effectiveness of medications, 2.) Pain is ineffectively controlled with medication due to side effects, or 3.) History of substance abuse, or 4.) Significant pain from postoperative conditions limiting the ability to perform exercise program/physical therapy treatment, or 5.) Unresponsive to conservative measures including repositioning, ice/heat, 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. According to progress report 12/02/14, the patient complained of constant, sharp and achy left knee pain. Examination revealed decreased range of motion, positive medial joint space tenderness, mild peripatellar edema and positive patellar grind test. The treating physician requested authorization "for IFC unit to try and build the muscle mass up in that quadriceps," corticosteroid injection, and physical therapy. The medical records do not show a history of IF unit use. In this case, the available medical reports do not document substance abuse, operative condition, or unresponsiveness to conservative measures. Furthermore, the current request does not specify the recommended duration of use. When an IF unit is indicated, a one-month trial is recommended first. The requested IFC unit IS NOT medically necessary.