

<b>Case Number:</b>	CM15-0126682		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 47-year-old male with an industrial injury dated 09-19-2012. His diagnoses included status post left knee arthroscopy, severe advanced degenerative joint disease, left knee; lumbar spine disc bulge and lumbar spine radiculitis. The only prior treatment documented is diagnostics. He was awaiting authorization for surgery of left knee. He presents on 04-08-2015 with complaints of lower back and left knee pain. Physical exam noted tenderness in lumbar spine area at lumbar 3- lumbar 5. Kemps test was positive bilaterally. Left knee exam noted significant valgus deformity of the knee. Flexion of the left knee was moderately restricted and he ambulated with an antalgic gait favoring the left knee. The provider recommended an interferential unit "to enable the patient to experience reduced pain or lessen the perception of pain to a point in which an active role in rehabilitation can be pursued and the need for pain medication can be substantially reduced, or ideally eliminated all together." The treatment request for review is durable medical equipment (DME) interferential (IF) unit II and supplies (left knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) interferential (IF) unit II and supplies (left knee):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118, 119.

**Decision rationale:** MTUS Guidelines have very specific criteria to support the purchase and long-term use of interferential units and supplies. The Guidelines specifically state that first there should be application by a health professional on a trial basis. Then, only if this is successful a 30-day home trial (rental) is recommended to establish well-documented benefits. Only after a successful home trial is purchase and long-term use Guideline supported. These initial steps have not been completed and under these circumstances, the Durable medical equipment (DME) interferential (IF) unit II and supplies (left knee) is not supported by Guidelines and is not medically necessary.