

<b>Case Number:</b>	CM15-0129909		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male who sustained an industrial injury on 11/25/12. Progress report dated 5/27/15 reports a flare up of pain in both ankles and both knees. He is status post left ankle surgery, 5/18/15. Left foot pain is constant with pain, swelling and numbness, rated 3-4/10. Physical therapy is helping. Diagnoses include: fracture of the left medial malleolus status post op and bilateral knee pain, right knee intrasubstance tear. Plan of care includes: follow up with orthopedic for right knee and left ankle, MRI left ankle and left knee pending, physiotherapy 2 times per week for 3 weeks left knee due to flare up, post op physical therapy, home inferential simulator unit due to chronic pain over 90 days initial rental trial for 60 days, received brace and prescribed topical cream. Work status; disability for 30 days, permanent and stationary. Follow up in 5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Interferential Stimulator for the left ankle, 60 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy, p114-121 Page(s): 111-121.

**Decision rationale:** The claimant sustained a work-related injury in November 2012 and continues to be treated for bilateral knee and ankle pain. When seen, he was having a flare-up of symptoms; He had undergone left ankle surgery 10 days before. His BMI is almost 27. When seen, there was ankle tenderness with decreased range of motion and strength. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for 60 days is not cost effective and not necessary to determine its efficacy.