MAXIMUS Federal Services

| Case Number: | CM15-0176092 | | |
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| Date Assigned: | 09/17/2015 | Date of Injury: | 10/02/2008 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

## 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old male, who sustained an industrial injury on 10-02-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for osteoarthritis of the right knee and low back pain. Medical records (02-11-2015 to 07-22-2015) indicate ongoing right knee pain with restricted range of motion (ROM), and difficulty sleeping. Records also indicate no changes in activity levels. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 06-08-2015 and 07-22-2015, revealed a slight increase in pain severity level without medications (going from 8 out of 10 to 9 out of 10). The physical findings in these reports were unchanged with continued tenderness and spasms in the lumbar muscles, positive facet loading bilaterally, bony deformity to the right knee, tenderness to palpation over the right lateral joint line, decreased reflexes in the right lower extremity, and slightly decreased motor strength in the right knee extensor. Relevant treatments have included a right knee arthroscopic surgery (2014), a right total knee replacement (2014), manipulation of the right knee (x2) (2014 & 2015), at least 45 sessions of physical therapy (PT), TENS (Transcutaneous Electrical Nerve Stimulation) unit, lumbar medial branch blocks, lumbar facet joint nerve rhizotomy, work restrictions, and pain medications. The request for authorization for the following medical equipment and supplies was not available for review nor found in the treatment plan notes: IF (interferential) unit purchase, and electrodes, 6 pairs per month for 6 months, Qty 36.The original utilization review (08-13-2015) partially approved the request for the rental (1 month) of an IF unit (original request for purchase and 6 pairs of electrodes per month for 6 months) for a trial.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Interferential unit, purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is 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. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial 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. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had a clear one-month trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the Interferential Unit. Therefore, the request is not medically necessary.

**Electrodes, 6 pairs per month for 6 months, Qty 36:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Electrodes, 6 pairs per month for 6 months, Qty 36 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is 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. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial 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. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation

does not indicate that the patient has had a clear one month trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the Interferential Unit therefore, the electrodes are not medically necessary.