

<b>Case Number:</b>	CM15-0062129		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old male, who sustained an industrial injury on February 16, 2011. He has reported knee pain. Diagnoses have included internal derangement of the bilateral knees and discogenic lumbar condition. Treatment to date has included medications, use of a cane, injections, psychotherapy, transcutaneous electrical nerve stimulation unit, exercise, knee braces, right knee surgeries, and imaging studies. A progress note dated February 20, 2015 indicates a chief complaint of bilateral knee pain. The treating physician documented a plan of care that included transcutaneous electrical nerve stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) or muscle stimulator with conductive garment for the left knee, unknown rental or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13, 67, 71, 75, 78, 114, 118, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Interferential current is a type of electrical stimulation treatment for pain. The MTUS Guidelines do not recommend its use as an isolated treatment. The MTUS Guidelines support the use of interferential treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by documented decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing knee pain, problems sleeping, and problems with vision. These records did not describe a setting consistent with those supported by the Guidelines, report that a one-month trial had shown the above benefits, or suggest the worker had failed conservative management. There was no discussion describing special circumstances that supported this request. In the absence of such evidence, the current request for an interferential or muscle stimulator with a conductive garment for the left knee is not medically necessary.