

<b>Case Number:</b>	CM15-0065262		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 70 year old male who sustained an industrial injury on 5/24/11. The injured worker reported symptoms in the right lower extremity and back. The injured worker was diagnosed as having hip joint inflammation, femur fracture status post multiple surgical procedures, discogenic lumbar condition with facet inflammation, right knee pain aggravating prior total knee replacement and chronic pain. Treatments to date have included physical therapy, activity modification, cane, hot/cold wrap, transcutaneous electrical nerve stimulation unit, oral pain medication, and injections. Currently, the injured worker complains of discomfort in the right lower extremity and back. The plan of care was for an interferential stimulator with conductive garment and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) interferential stimulator with conductive garment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** One (1) interferential stimulator with conductive garment 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 documentation does not indicate that outcomes of a trial interferential unit with documented decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the Interferential stimulator. The request is not medically necessary.