

<b>Case Number:</b>	CM13-0009384		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35 YO male with a date of injury of 01/06/2010. The UR determination being challenged is dated 08/01/2013 and recommends modification of Kneehab unit, knee garment and Electrodes (x4) from purchase to a 30-day rental. Patient has a diagnosis of internal derangement of knee and status post meniscectomy and chondroplasty of the left knee (2010). MRI dated 04/23/2013 shows negative for meniscal, cruciate or collateral ligament injury. Scarring Hoffa's fat pad is seen medically consistent with previous arthroscopic surgery. According to report dated 05/29/2013 by [REDACTED], patient's left knee showed mild thigh muscle atrophy, tenderness to palpation, and decreased ROM with pain. Request is for EMS/TENS functional unit for quad weakness, atrophy and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kneehab Unit-:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The physician is requesting the purchase of a Kneehab unit for patient's mild quad atrophy and pain. According to [www.neurotechgroup.com](http://www.neurotechgroup.com), The Kneehab unit is an NEMS device combined with TENS unit. The knee garment and electrodes requested are supplies. MTUS guidelines do not recommend Neuromuscular electrical stimulation (NMES devices, MTUS p121). NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Given that NMES is not recommended for this patient's chronic pain, and muscle weakness from knee pain, Kneehab, the garment and the supplies are not indicated. Recommendation is for denial.