

Case Number:	CM13-0028541		
Date Assigned:	12/11/2013	Date of Injury:	05/06/2003
Decision Date:	03/28/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 62-year-old female with a 5/6/03 date of injury. At the time of request for authorization for kneehab unit for the right knee, there is documentation of subjective (pain involving her right knee and difficulties with prolonged weightbearing activities) and objective (patellofemoral crepitation, well-healed prior incisions following a Fukerson osteotomy of her right knee and arthroscopy) findings, current diagnoses (posttraumatic osteoarthritis of the right knee, previous Synvisc One injection with allergic reaction, history of arthroscopic debridement of the right knee on November 14, 2011, periodic Kenalog injection and Orthovisc for her right knee, status post right hip arthroscopy on January 6, 2013), and treatment to date (ice, medication, and exercises).

IMR ISSUES, DECISIONS AND RATIONALES

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

kneehab unit for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121. Decision based on Non-MTUS Citation 2010 Revision, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for kneehab unit for the right knee is not medically necessary.