

Case Number:	CM13-0034375		
Date Assigned:	12/06/2013	Date of Injury:	05/15/2012
Decision Date:	01/27/2014	UR Denial Date:	09/21/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and Indiana. 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 38-year-old male who reported a work-related injury on 05/15/2012. He is status post right knee diagnostic and operative arthroscopy on 10/26/2012. Treatment to date has consisted of physical therapy, bracing, surgery, icing, and Synvisc injections. MRI of the right knee revealed moderate-sized joint effusion, a complete tear of the mid portion of the posterior cruciate ligament, and menisci were intact. A request has been made for a 90 Day Rental of a Kneehab XP Controller Unit with Supplies for Right Knee (██████████).

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Day Rental of a Kneehab XP Controller Unit with Supplies for Right Knee (██████████): 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 clinical note dated 06/17/2013 stated the patient continued to have occasional swelling of his right knee after prolonged weight bearing activities. An overall

improvement was noted for the patient, objective findings included no swelling or ecchymosis, no spasm, no malalignment of the knee, normal knee range of motion, and motor strength was noted as 5/5. Tenderness to the medial joint line was noted with no ligament laxity. Negative orthopedic testing was reported for the patient. Physical exam findings of the right knee also included well-healed arthroscopic portals and range of motion was 0 to 130 degrees. It was noted that the patient's right knee had reached a plateau and the patient was considered permanent and stationary. Kneehab XP is a garment-based neuromuscular electrical stimulation product. The California Chronic Pain Medical Treatment Guidelines indicate that neuromuscular electrical stimulation devices are not recommended and are used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no evidence given in the submitted documentation stating the patient was post stroke. There was also no documentation stating the patient was in a supervised physical therapy program or rehabilitation program. Guidelines state that electrical stimulation 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 physical therapy program. However, the patient's knee strength was noted to be 5/5. Literature notes this device has only been studied in patients who are status post total knee replacement which the patient is not. The clinical documentation submitted did not support the medical necessity of a Kneehab XP Controller Unit for the patient. Therefore, the request for 90 Day Rental of a Kneehab XP Controller Unit with Supplies for Right Knee () is non-certified.