

<b>Case Number:</b>	CM13-0035199		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

This is a 70-year-old male who has reported knee and back pain after injury on 11/30/04. The diagnoses have included degenerative joint disease of the knee, lumbar disc degeneration and lumbar radiculopathy. The treatment of the knee has included multiple surgeries, including a total knee replacement. There have been no recent knee surgeries. Reports from the treating physician during 2013 show ongoing knee pain, weakness, and stable but limited range of motion. Exercise programs were prescribed, including a stationary bike and water exercise. On 10/7/13, the treating physician recommended an "electrical stimulator" for the maintenance and improvement of left or right leg motor function. On 10/14/13, Utilization Review non-certified the KneeHab XP device, noting the lack of medical evidence and guideline support for the device. The MTUS was cited. This Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **KNEEHAB XP ELECTROSTIMULATOR FOR THE LEFT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation);.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); TENS, chronic pain (transcutaneous

electric. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, neuromuscular electrical stimulation

**Decision rationale:** The Chronic Pain Guidelines indicate that neuromuscular electrical stimulation is not indicated for chronic pain. The guidelines also indicate that TENS are primarily for neuropathic pain, a condition not present in this patient. Per the MTUS guidelines, it may be used for some conditions in the acute post-operative period. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The Official Disability Guidelines indicate that neuromuscular electrical stimulation is only indicated for knee rehabilitation in the acute post-operative period, and only in the high intensity form that is not available for home use. This injured worker is not in the acute post-operative period and the unit prescribed is for home use. The device prescribed for this injured worker is not medically necessary due to the lack of indications per the guidelines.