

<b>Case Number:</b>	CM13-0057217		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2013

### 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 Orthopedic Surgeon and is licensed to practice in Maryland. 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:

The patient is a 54 year old female who reported an injury to her left right knee. Clinical note dated 01/16/13 indicated the patient preparing for a surgical intervention. A clinical note dated 04/03/13 indicated the patient had been cleared for surgical intervention; however, secondary to an illness and fever the surgery was cancelled. The operative note dated 05/01/13 indicated the patient undergoing right knee arthroscopic debridement with chondrocyte implantation and a tibial tubercle osteotomy and open lateral release. The x-ray dated 10/11/13 revealed two threaded metallic screws at the proximal tibia. There was a question regarding possible bony fusion. Moderate effusion was identified. Subtle lucency was identified on the articular surface of the patella representing degenerative changes. CT scan of the right knee dated 05/23/13 revealed a bone graft at the osteotomy site. No evidence of hardware failure or loosening was revealed. Subchondral bone irregularity was identified at the patella. The x-rays of the right knee dated 07/17/13 revealed no changes in the tibial tubercle osteotomy or threaded screws. Soft tissue swelling was identified at the anterior region of the knee. Therapy note dated 08/14/13 indicated the patient completing 20 physical therapy sessions to date. Clinical note dated 09/11/13 indicated the patient demonstrating 100 degrees of right knee flexion. The patient stated that he continued with difficulty going up or down stairs. The patient continued with the use of a leg brace when ambulating longer distances. The patient continued with the use of ibuprofen and Celebrex for pain management. The patient rated the pain as 3-6/10. The patient stated he had difficulty with range of motion and prolonged standing and walking secondary to pain. The patient has demonstrated 0-100 degrees of range of motion at the right knee with 4+/5 strength at the quadriceps and hamstrings. Quadricep atrophy continued. The patient was recommended for follow up office visit. Clinical note dated 10/07/13 indicated the patient showing an increase in swelling. The patient reported a five day history of these symptoms. Swelling was identified

throughout the knee. The knee was stable to varus and valgus stress tests; however, flexion caused discomfort. The MRI of the right knee dated 10/16/13 revealed findings suggestive of meniscectomy changes with medial subluxation of the minimal residual meniscal tissue. Lateral meniscus demonstrated blunting of the free edge with complex tear of the anterior horn of the lateral meniscus. Clinical note dated 10/17/13 indicated the patient continuing with ongoing recurrent pain. The patient continued with considerable atrophy at the right quadriceps. Pain was elicited with bending of the knee and extension. Upon exam the patient demonstrated 130 degrees of right knee flexion with 4/5 strength.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **THE PURCHASE OF A KNEEHAB QUAD STIMULATOR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) pg 115, and NMES Device, pg 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES Device Page(s): 120-121.

**Decision rationale:** The clinical documentation indicates the patient showing continued right knee pain with associated range of motion deficits despite previous surgical intervention. Currently, the use of neuromuscular electrical stimulation devices is indicated as part of a rehabilitation program following a stroke. No recent published studies have been made available supporting the use of a NMES device at the knee to address chronic pain. Given this, the request is not indicated as medically necessary.