MAXIMUS Federal Services

Case Number:	CM13-0063828		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2007
Decision Date:	05/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Preventive 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:

According to the records made available for review, this is a 54 year-old male with a 1/12/07 date of injury, and right knee artificial cartilage implant procedure and tibial tubercle osteotomy April 2013. At the time (10/17/13) of request for authorization for purchase of Kneehab Quad Stimulator, there is documentation of subjective (ongoing recurrent pain to his right knee, especially with any kind of knee bending and knee extension) and objective (considerable quad atrophy 4/5, point tenderness in the anteromedial and anterolateral fat pad area, difficulty contracting the quad and has pain associated with quad contraction with any kind of weight bearing with considerable atrophy to his quad) findings, current diagnosis (right knee ACI procedure and tibial tubercle osteotomy), and treatment to date (physical therapy, activity modification, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF KNEEHAB QUAD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

Decision rationale: The Kneehab Quad Stimulator is a garment-based Neuromuscular Electrical Stimulation (NMES) Therapy System. 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 purchase of Kneehab Quad Stimulator is not medically necessary.