

<b>Case Number:</b>	CM13-0064344		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine and Pulmonary Diseases 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:

The patient is a 67-year-old female who reported an injury on 04/15/2004 due to cumulative trauma. The patient ultimately underwent a right total knee replacement. A recommendation was made for a left total knee replacement. The patient's most recent clinical examination findings documented that the patient had significant deficits that would benefit from surgical intervention. The patient underwent a total knee replacement of the left knee that was followed by 6 weeks of physical therapy that failed to adequately address the patient's range of motion limitations. A request was made for a kneehab unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KneeHab Unit purchase with conductive garment, gel pads and KneeHab supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, exercise equipment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, and NMES Unit Page(s): 116, 121. Decision based on Non-MTUS Citation (Web) <http://www.neurotechgroup.com/us/products/kneehab-xp>

**Decision rationale:** The requested kneehab unit for purchase with conductive garment, gel pads, and kneehab supplies are not medically necessary or appropriate. The requested device is a

combination unit that contains a TENS unit and a neuromuscular electrical stimulation unit. The use of a neuromuscular electrical stimulation unit is not supported by guideline recommendations, as it is primarily used as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The requested equipment also contains a TENS unit. Although a 30-day clinical trial of a TENS unit would be supported by guideline recommendations in the postsurgical management of a patient's pain, the request is for the purchase of this equipment. There is no documentation that the patient has previously received significant pain relief during a trial period to support the purchase of this equipment. Additionally, as this equipment contains additional equipment that is not supported by guideline recommendations, the unit in its entirety would not be supported. As such, the requested kneehab unit for purchase with conductive garment, gel pads, and kneehab supplies are not medically necessary or appropriate.