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| <b>Case Number:</b>   | CM13-0070394 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 12/27/2011 |
| <b>Decision Date:</b> | 05/06/2014   | <b>UR Denial Date:</b>       | 12/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2013 |

### 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 Surgery 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 59-year-old gentleman reportedly suffered an injury to his right knee on 12/27/11. The records reflect that he has been having ongoing symptoms reportedly related to osteoarthritis of his right knee. Previous treatment has included arthroscopic debridement as well as perioperative physical therapy. Reportedly, he continues to have evidence of pain, restriction to function, and has been documented as having atrophy. The request was to determine the medical necessity for KNEE Hap XP controller.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 day rental of KneeHap XP controller unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 116,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulators Page(s): 121.

**Decision rationale:** The knee HAP XP Controller with 90 day rental would not be considered reasonable and medically necessary based on the following rationale. California MTUS Chronic Pain Guidelines do not recommend neuromuscular stimulators for use of chronic pain, nor do they document benefits in the face of osteoarthritis. There are no well controlled peer review

studies that specifically address this particular device. Based on the information provided, the patient appears to have symptomatic osteoarthritis of his knee. He appears to have failed conservative care, which has included physical therapy and other treatments. It is noteworthy within the therapy records that this patient has had electrical stimulation. There is no documented evidence within the records that this has provided a significant improvement in his function and/or augmented his rehab. Based on the evidence based literature and the fact that these types of units are not recommended under the MTUS Chronic Pain Guidelines, the request would not be considered reasonable and medically necessary in this setting.

**KneeHap XP garment, left:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**KneeHap XP electrode kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Set-up/education/fitting fee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.