

<b>Case Number:</b>	CM13-0071154		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/06/2008
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Anesthesia, 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:

The patient is a 50 year old female injured worker with a date of injury of 9/6/08 with related low back and right knee pain. Per a 11/22/13 progress report, the injured worker reported having continued trouble with her left ankle. Physical exam revealed tenderness to palpation around the knee. There was no significant swelling or fluid accumulation. There was a slightly decreased range of motion. There was no laxity. She was diagnosed with low back pain without significant MRI findings, left sacroiliac joint dysfunction, right knee injury s/p arthroscopic surgery with patellar chondromalacia grade 2/3 and chondromalacia medial femoral condyle grade 2/3, left knee pain with mild chondromalacia medial patellar facet, quadriceps and patellar tendinosis, mild edema fluid prepatellar soft tissues, right ankle pain with mild peroneal tenosynovitis, left ankle pain with mild peroneal brevis tendinosis and mild arthrosis navicular first cuneiform joint. An MRI of the lumbar spine dated 9/18/09 was unremarkable. Treatment to date has included physical therapy, chiropractic adjustments, acupuncture, knee brace, and medication management. The date of UR decision was 12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDSS3 NEUROMUSCULAR STIMULATOR WITH CONDUCTIVE GARMENT RENTAL FOR 3 MONTHS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Elettrotherapy, Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-120.

**Decision rationale:** The MTUS Chronic Pain Guidelines is silent on this specific device, which may be used to provide interferential and NMES/EMS therapy. With regard to interferential current stimulation, the MTUS Chronic Pain Guidelines states: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Regarding NMES devices, the MTUS Chronic Pain Guidelines states: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain." As the requested unit provides NMES therapy, which is specifically not recommended by the MTUS Chronic Pain Guidelines, the requested stimulator and related conductive garment are not medically necessary and appropriate.