

Case Number:	CM14-0005231		
Date Assigned:	01/24/2014	Date of Injury:	07/08/2011
Decision Date:	06/13/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 50 year old male with a reported date of injury on 07/07/2011. The mechanism of injury was an impact injury to his right knee by a forklift. The progress note dated 12/18/2013 reported the injured worker was using a muscle stimulator unit daily for approximately 6 hours per day which decreased his pain and allowed him to be more functional. The injured worker was able to walk 30 minutes longer than he would be able to otherwise. The progress noted also stated the injured worker completed his knee physical therapy and was utilizing a home exercise program. The progress note listed diagnoses including status post right knee replacement in 10/2012, chronic low back pain. The request of authorization dated 12/11/2013 is for 6 month neuromuscular stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMUSCULAR STIMULATOR FOR SIX MONTHS RENTAL FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: The injured worker has been on physical therapy as well as using the neuromuscular stimulator for knee pain. The California Chronic Pain Medical Treatment guidelines do not recommend neuromuscular electrical stimulation use since it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The scientific evidence related to electromyography continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. It was unclear when the injured worker started utilizing the device. It did not appear the unit would be used as part of a rehabilitation program following a stroke. Therefore, the request is not medically necessary.

SUPPLIES FOR NEUROMUSCULAR STIMULATOR FOR SIX MONTHS PURCHASE FOR THE RIGHT KNEE: 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.