

<b>Case Number:</b>	CM14-0005999		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational 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:

The patient is a 63-year-old female who has submitted a claim for right knee degenerative joint disease status post right total knee replacement, and status post left leg foot drop associated with an industrial injury date of September 25, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated January 13, 2014 revealed that the patient complains of frequent to constant flare-ups of pain, weakness and stiffness about her right knee graded 8-9/10. The patient states that her right knee pain is exacerbated by cold weather and with prolonged standing/sitting activities. The patient is not working and denies any new injuries. On physical examination, there is noted tenderness over the median and lateral joint line regions of the right knee and over the right popliteal fossa region. There is limitation in active range of motion of the right knee with flexion to approximately 90 degrees. Treatment to date has included right total knee replacement (12/28/12), cortisone injection, physical therapy, work restrictions, walker, wheelchair, knee brace, home exercise program, and medications which include Ultram, ibuprofen and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE KNEEHAB UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation <http://www.neurotechgroup.com/us/products/kneehab-xp>.

**Decision rationale:** The Kneehab is a device that offers Multipath NMES for quadriceps strengthening and improved knee stability. It delivers coordinated quadriceps contractions to accelerate recovery. Published research has shown Multipath to be more effective at restoring strength and function than standard physical therapy or standard NMES. As stated on page 121 of the CA MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. 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. In this case, Kneehab was requested for the right knee symptoms. The patient has had previous physical therapy. However, the intention to utilize the equipment in conjunction with active rehabilitation was not mentioned. The duration of use, whether purchase or rental, were not included in the request. NMES is not guideline recommended. Therefore, the request for a Kneehab unit is not medically necessary.