

<b>Case Number:</b>	CM14-0100513		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 38 year old female with a work injury dated 4/4/11. The diagnoses include possible left leg complex regional pain syndrome, failed left knee surgery (July 2013), and degenerative joint disease of the patellofemoral joint. Under consideration is a request for physical therapy for the left knee 3 x 4, EMS unit, home care 15-20 hours per week. There is a primary treating physician report dated 7/22/14 that states that the patient was not authorized for PT, estim, brace, and homecare. On exam she has increased pain in the right knee. She is using a wrap on the left. There is crepitus, and giving way. The treatment plan said there is a request for authorization for a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left knee 3 x 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p.98-99 Page(s): 98-99.

**Decision rationale:** Physical therapy for the left knee 3 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has prior therapy. The patient is beyond the post op period. The MTUS would recommend up to 10 visits for this condition. The request exceeds this recommendation. Furthermore there is no documentation of the efficacy of prior therapy and the number of sessions she has had for the left knee. Without this information additional information cannot be recommended.

**EMS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)page(s) 121 Page(s): 121.

**Decision rationale:** An EMS unit is not medically necessary per the MTUS Guidelines. The MTUS guidelines state that Neuromuscular electrical stimulation (NMES devices) are not recommended for chronic pain. The NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation submitted does not reveal patient has had a stroke or is receiving post stroke rehabilitation. The request for an EMS unit is not medically necessary.

**Home care 15-20 hours per week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services p.51 Page(s): 51.

**Decision rationale:** Home care 15-20 hours per week is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that home health services are only for otherwise recommended medical treatment for patients who are homebound. It is unclear what medical services are required for this patient from home health. The patient does not appear to be homebound from the documentation submitted. Therefore, the request for home care 15-20 hours per week is not medically necessary.