

<b>Case Number:</b>	CM14-0103352		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 67 year old male with a work injury dated 12/8/11. The diagnoses includes right knee sprain/strain with patellofemoral chondromalacia of the right knee, status postoperative right knee arthroscopic partial medial and lateral meniscectomies, tricompartmental synovectomy and chondroplasty, with grade IV chondromalacia-s/p surgery October 5, 2012; sprain/strain patellofemoral chondromalacia, left knee, lumbar radiculopathy. Under consideration is a request for neurostimulator TENS-EMS unit rental (unspecified), date of service 3/5/14 - 4/5/14, 4/5/14 -5/5/14 and extended neurostimulator TENS EMS unit rental (x6 Months) date of service 3/5/14 - 4/5/14, 4/5/14 -5/5/14. There is a primary treating physician report dated 1/28/14 that states that On physical exam there was normal alignment. There was no erythema or warmth noted of the knees on either side. There were arthroscopy scars about the right knee. There was effusion of the right knee and soft tissue swelling about the right knee. There was mild crepitus in the right knee. There was pain with bilateral patellofemoral pressure, slight on the left knee. Drawer test was negative bilaterally. Lachman's test was negative; bilaterally. McMurray's testing was negative on the left, unable to test on the right due to lack of knee flexion. There was slight laxity of the medial collateral ligament of the right knee. The medial and lateral collateral ligaments were intact and stable on the left. The anterior and posterior cruciate ligaments were intact and stable. There was tenderness noted over the medial and lateral joint lines of the left knee and over the medial joint. Motor power was normal in all major muscle groups tested in the lower extremities. Sensation was normal using the pinwheel in the lower extremities. The deep tendon reflexes were 2+ and symmetric at the knees, 1+ and symmetric at the ankles. The right knee extension was negative 15 degrees and flexion was 95 degrees. The patient's gait was antalgic. He was unable to perform heel and toe gait on the right.

The patient could squat 50% of normal with right knee pain. The treatment plan/discussion states that the patient failed prior knee surgery and would benefit from a total right knee arthroplasty.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: Neurostimulator TENS-EMS Unit Rental (Unspecified), Date of Service 3/5/14 - 4/5/14, 4/5/14 -5/5/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

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

**Decision rationale:** Neurostimulator TENS-EMS Unit Rental (Unspecified), Date of Service 3/5/14 - 4/5/14, 4/5/14 -5/5/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. MTUS guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The documentation submitted do not reveal a written treatment plan with goals for this device. 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 Neurostimulator TENS-EMS Unit Rental is not medically necessary.

**Retro: Extended Neurostimulator TENS EMS Unit Rental (x6 Months) Date of Service 3/5/14 - 4/5/14, 4/5/14 -5/5/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Neuromuscular Electrical Stimulation (NMES Devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices)page(s) 121; TENS, chronic pain (transcutaneous electrical nerve stimulation) pages Page(s): 114-116.

**Decision rationale:** Retro: Extended Neurostimulator TENS EMS Unit Rental (x6 Months) Date of Service 3/5/14 - 4/5/14, 4/5/14 -5/5/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. MTUS guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The documentation submitted do not reveal a written treatment plan with goals for this device. 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 Retro: Extended Neurostimulator TENS EMS Unit Rental is not medically necessary.