

Case Number:	CM14-0018341		
Date Assigned:	04/18/2014	Date of Injury:	03/29/2012
Decision Date:	12/17/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 50year old man with a work related injury dated 3/29/12 resulting in chronic pain in the knee. The patient was evaluated by the primary treating physician on 12/17/13. The patient noted continued weakness with overall improved stability and walking. The exam notes a slight flexion contracture with positive Lachman and atrophy. Previous treatment includes oral analgesic medications, surgical repair of the anterior cruciate ligament (ACL) on 4/24/13, use of a brace and EMS. The plan of treatment includes the use of Norco, Naproxen, a replacement of a hinged neoprene knee brace and an EMS unit for the knee. Under consideration is the medical necessity of the electrical muscle stimulator (EMS) for the treatment of knee pain and weakness. EMS was denied during utilization review dated 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS Unit for the Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, KNEE COMPLAINTS, 1021-1022

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. In this case the patient does not have an appropriate diagnosis for the use of an EMS unit for the knee therefore it is not medically necessary.