

<b>Case Number:</b>	CM14-0183495		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/11/1993
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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 62-year-old female with a reported date of injury of 12/11/1993. The mechanism of injury was not specifically stated. The current diagnoses include pain in the bilateral knees, chronic quadriceps atrophy, and reflex sympathetic dystrophy. The injured worker presented on 09/17/2014 with complaints of weakness in the bilateral lower extremities. Physical examination revealed 0 degrees to 115 degrees right and left knee range of motion. The injured worker reported increased crepitus. The injured worker has evidence of chronic quadriceps atrophy and has been unable to proceed with additional type of strengthening for the quadriceps. The injured worker was instructed to continue with the home exercise program. Treatment recommendations also included a Neurotech lower extremity stimulator. A Request for Authorization form was then submitted on 09/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurotech lower bilateral extremity rehab stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

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

**Decision rationale:** California MTUS Guidelines do not recommend 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. Therefore, the current request cannot be determined as medically necessary.