

Case Number:	CM14-0021638		
Date Assigned:	05/05/2014	Date of Injury:	11/18/2006
Decision Date:	07/09/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 62-year-old male with a date of injury of 11/18/2006. According to progress report, 11/20/2013, by [REDACTED], the patient presents with occasional stiffness, achiness, and pain in his bilateral knees. He continues to use ice, anti-inflammatory, brace, TENS unit, and Kneehab. He is using a TENS unit which is extremely beneficial to him at this point in managing his pain. Physical examination revealed bilateral knees had decreased range of motion and manual muscle testing is 4/5 bilaterally. There is positive patellofemoral crepitation, positive grind test, and pain with deep squat. The physician recommends patient continue to use his TENS unit as he is benefiting from this tremendously. The Kneehab unit is extremely beneficial. Therefore in the future, he will require purchase. The request is for 10 months rental of Elektrokit, extenders, bilateral garment, and controller unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEEHAB XP ELECTRODE KIT FOR 10 MONTHS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES: NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Kneehab XP is a combination NMES and TENS. Per MTUS Guidelines Page(s): 116, 118-120.

Decision rationale: This patient presents with continued bilateral knee pain. The physician reports that the patient is receiving pain relief with the use of the Kneehab unit and requests 10 months rental of supplies for the unit. The Kneehab XP is a combination NMES and TENS. Per MTUS Guidelines page 116, TENS unit have no proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. For interferential current stimulation, the MTUS Guidelines page 118 to 120 states it is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medication and limited evidence of improvement on those recommended treatments alone." Under NMES devices, the MTUS Guidelines page 121 states it is not recommended. "NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." In this case, this patient does not meet any of the indications for both the TENS and NMES, therefore the request for Kneehab XP Electrode Kit for 10 months rental is not medically necessary.

KNEEHAB XP EXTENDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy 'Tens' Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 116, 118-120.

Decision rationale: This patient presents with continued bilateral knee pain. The physician reports that the patient is receiving pain relief with the use of the Kneehab unit and requests 10 months rental of supplies for the unit. The Kneehab XP is a combination NMES and TENS. Per MTUS Guidelines page 116, TENS unit have no proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. For interferential current stimulation, the MTUS Guidelines page 118 to 120 states it is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medication and limited evidence of improvement on those recommended treatments alone." Under NMES devices, the MTUS Guidelines page 121 states it is not recommended. "NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." In this case, this patient does not meet any of the indications for both the TENS and NMES, therefore the necessary supplies are not medical necessary.

KNEEHAB XP GARMENT LEFT AND RIGHT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Compression Garments.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 116, 118-120.

Decision rationale: This patient presents with bilateral knee complaints. The physician is requesting a garment to be used with the Kneehab. The MTUS Guidelines page 116 states "form-fitting TENS device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical condition such as skin pathology that prevents the use of the traditional system or the TENS unit is to be used under a cast (as in treatment for disuse atrophy)." In this case, the patient does not have any medical conditions that would warrant a specialized conductive garment. In addition, the physician is requesting the conductive garment to be used in conjunction with the Kneehab unit. Since the patient does not meet the criteria to utilize the unit, the garment is not medically necessary.

KNEEHAB XP CONTROLLER UNIT FOR 10 MONTH RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 116, 118-120.

Decision rationale: This patient presents with continued bilateral knee pain. The physician reports that the patient is receiving pain relief with the use of the Kneehab unit and requests 10 months rental of supplies for the unit. The Kneehab XP is a combination NMES and TENS. Per MTUS Guidelines page 116, TENS unit have no proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. For interferential current stimulation, the MTUS Guidelines page 118 to 120 states it is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medication and limited evidence of improvement on those recommended treatments alone." Under NMES devices, the MTUS Guidelines page 121 states it is not recommended. "NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use.