

Case Number:	CM14-0032632		
Date Assigned:	04/14/2014	Date of Injury:	02/11/2008
Decision Date:	06/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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, and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 02/11/2008. The mechanism of injury was not provided. The injured worker had a right total knee replacement on 12/02/2013. The documentation of 03/18/2014 revealed that the injured worker was progressing slowly. It was indicated that at the last visit, the physician requested more physical therapy. The physical examination revealed zero degrees of extension and 120 degrees of flexion of range of motion. The motor examination revealed decreased quads tone and absent quads contraction. The diagnoses were muscle weakness and pain in the limb. The care plan/treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEEHAB XP GARMENT RIGHT FOR 1 DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, POST OPERATIVE (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), KNEE AND LEG (UPDATED 11/29/13), NEUROMUSCULAR ELECTRICAL STIMULATION, (NMES DEVICES).

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

Decision rationale: California MTUS Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The clinical documentation submitted for review failed to provide the DWF Form RFA and the PR-2 with documentation to support the request. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a Kneehab XP garment right for 1 day is not medically necessary.

KNEEHAB XP ELECTRODE KIT FOR 1 DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, POST OPERATIVE (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), KNEE AND LEG (UPDATED 11/29/13), NEUROMUSCULAR ELECTRICAL STIMULATION, (NMES DEVICES).

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

Decision rationale: California MTUS Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The clinical documentation submitted for review failed to provide the DWF Form RFA and the PR-2 with documentation to support the request. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a Kneehab XP electrode kit for 1 day is not medically necessary.

KNEEHAB XP CONTROLLER UNIT FOR 90 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, POST OPERATIVE (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), KNEE AND LEG (UPDATED 11/29/13), NEUROMUSCULAR ELECTRICAL STIMULATION, (NMES DEVICES).

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

Decision rationale: California MTUS Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The clinical documentation submitted for review failed to provide the DWF Form RFA and the PR-2

with documentation to support the request. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a Kneehab XP controller unit for 90 days is not medically necessary.