

Case Number:	CM14-0035758		
Date Assigned:	06/23/2014	Date of Injury:	06/23/2012
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 28 year-old female with a date of injury of 06/23/2012. The listed diagnosis per [REDACTED] is right patellar tendinitis with lateral anterior horn meniscal tear. According to progress report on 02/03/2014, the patient presents with continued pain in the right knee and reports locking and catching. Physical examination revealed full range of motion of the lumbar spine, bilateral hips and bilateral knees. It was noted she is very tender on the lateral joint line on the right side, not over the medial joint line. MRI was reviewed, which showed a complex tear of the anterior horn of the lateral meniscus. The treater recommends KneeHab given her quadriceps atrophy. The treater believes this is attributing to her instability. Utilization review denied the request for KneeHab unit on 02/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

KneeHab Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Neuromuscular Electrical Stimulation (NMES) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Transcutaneous Electrotherapy (TENS) unit Page(s): 116, 118-120.

Decision rationale: This patient presents with continued right knee pain. Review of MRI from 01/28/2014 indicates the patient has a right knee patellar tendinitis as well as lateral meniscal tear. The treater believes the atrophy in her quadriceps is attributing to her instability and requests a Kneehab unit. The Kneehab unit is a combination NMES and TENS. 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 Unit is deemed not medically necessary.