

Case Number:	CM14-0062030		
Date Assigned:	07/09/2014	Date of Injury:	01/21/2010
Decision Date:	12/30/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 66-year-old female with a 1/21/10 date of injury. According to a progress report dated 3/18/14, the patient complained of bilateral knees, bilateral hips, mid back, and left ankle/foot pain. She rated her pain as a 3-4/10. The patient has a Stim unit and using it helps to decrease her knee pain and swelling. It allowed her to take minimal medication and increase her knee range of motion. Objective findings: mild swelling of right knee with tenderness in the medial joint line, bony tenderness on the left with pain in the medial aspect of the left knee, crepitus is positive on the left, range of motion in both knees decreased, spasms in lower lumbar spine. Diagnostic impression: knee joint replacement, chronic pain syndrome, knee pain, lumbar spine sprain/strain. Treatment to date: medication management, activity modification, Stim unit, aqua therapy. A UR decision dated 4/17/14 denied the request for Stim unit. Further clarification is needed regarding the function of the current electrical muscle stimulator unit. The patient already has a "Stim unit", and it is unclear why refurbishment is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stim Unit (Neuromuscular electricular stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter - Neuromuscular electrical stimulation (NMES devices)

Decision rationale: CA MTUS does not address this issue. According to ODG, Neuromuscular electrical stimulation 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. However, in the present case, there is no documentation that the requested unit would be used as an adjunct to a program of evidence-based functional restoration. In addition, there is no documentation addressing any failure of conservative therapy. A specific rationale identifying why this device would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Stim Unit was not medically necessary.