

Case Number:	CM14-0064046		
Date Assigned:	07/11/2014	Date of Injury:	12/15/2009
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 and Pain Management 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 36 year old with an injury date on 12/15/09. Patient complains of bilateral knee pain with some stiffness, pain, and swelling per 1/8/14 report. Patient states hip pain has worsened, and is taking more medications than usual secondary to pain per 9/24/13 report. Based on the 1/8/14 progress report provided by [REDACTED] the diagnoses are: 1. Right knee status post ACI (Autologous Chondrocyte Implantation) 3/1/12. Right knee status post arthroscopy chondroplasty and hardware removal 12/13/13. Left knee status post arthroscopic partial meniscectomy, chondroplasty, synovectomy Exam on 1/28/14 showed right knee: joint line is tender to palpation. Positive McMurray's. Left knee: well-healed scars and arthroscopic portal holes about the knee. Joint effusion was noted. [REDACTED] is requesting KneeHab electrical stimulation unit, one month rental. The utilization review determination being challenged is dated 4/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 8/13/13 to 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

KneeHab electrical stimulation unit, one month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NMES. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with bilateral knee pain and is s/p right knee chondroplasty and hardware removal from 12/13/13. The treater has asked for Kneehab electrical stimulation unit, one month rental but the date of the request is not known. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the treater does not present with a history of stroke which MTUS requires for the use of electrical stimulation. Requested electrical stimulation unit would not be considered medically necessary at this time. Therefore, the request for KneeHab electrical stimulation unit, one month rental is not medically necessary and appropriate.