

Case Number:	CM14-0074430		
Date Assigned:	07/16/2014	Date of Injury:	11/12/2011
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 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:

This case involves a 56 year old male who sustained an injury on 11/12/2011. The injured worker was rinsing the inside of a tank out with a hose while standing on a hydraulic device when someone unexpectedly activated the hydraulic device causing it to move and him to fall. The diagnoses include internal derangement of the knee, joint derangement of lower leg, and congenital face and neck anomaly. The past treatments include acupuncture, chronic pain group therapy, injection to the knee, and physical therapy. The diagnostic studies include an MRI that revealed a torn meniscus and the injured worker underwent surgery on. He had another surgery on 08/24/2012 due to the same problem. Physical examination on 03/05/2014 revealed complaints of left knee pain with a pain rated without medications at 6/10 to 7/10. His average daily pain was reported to be 6/10 to 7/10. Range of motion for the right knee was -4 to 118 degrees and the left knee was 5 to 90 degrees. Strength of the left and right quadriceps was measured at 3-/5 and 3/5. Gait revealed decreased step length on the bilateral lower extremities and minimal antalgia on the left lower extremity. Treatment plan was for a TruWave IF NMES unit (Zynex) with supplies x12 months. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TruWave IF NMES Unit (Zynex) with Supplies x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Blue Cross Blue Shield; Aetna & Humana; European Federation of Neurological Societies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Stimulation, Neuromuscular Electrical Stimulation, Interferential Current Stimulation Page(s): 121, 118.

Decision rationale: The request for a TruWave IF NMES unit (Zynex) with supplies x12 months is not medical necessary. The California Medical Treatment Utilization Schedule states for neuromuscular electrical stimulation devices, they are not recommended. They are 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 neuromuscular electrical stimulation for chronic pain. Neuromuscular electrical stimulation devices attempt to stimulation motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. The guidelines state that Interferential Current Stimulation 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 medications. Furthermore, there is limited evidence of improvement on those recommended treatments alone. Therefore, the request is not medically necessary.