

Case Number:	CM14-0012290		
Date Assigned:	02/24/2014	Date of Injury:	08/17/2010
Decision Date:	08/21/2015	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 08/17/00. Initial complaints and diagnoses are not available. Treatments to date include exercises, physical therapy, medications, and a knee brace. Diagnostic studies are not addressed. Current complaints include knee pain. Current diagnoses include knee pain. In a progress note dated 08/17/10, the treating provider reports the plan of care as a 30 day trial of a muscle stimulator. The requested treatment includes a 30 day trial of a muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Stimulator 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee.

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

Decision rationale: Based on the 12/12/13 progress report provided by treating physician, the patient presents with left knee pain rated 1-3/10. The request is for Muscle Stimulator 30 day trial. RFA dated 12/30/13 was provided. Patient's diagnosis on 12/12/13 included knee pain. Physical examination to the left knee on 12/12/13 revealed tenderness noted to medial joint line and medial femoral condyle. Treatment to date has included a knee brace, exercises, physical therapy, and medications. Patient is prescribed Motrin and prostate medication. The patient is

working regular duties, per 12/12/13 report. Treatment reports were provided from 02/14/13 - 12/12/13. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain". Per 12/12/13 report, treater states that the patient continues to complain of left knee weakness "in spite of daily exercises for strengthening as taught in PT. I am recommending a muscle stimulator to help increase muscle tone and strength." MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. Review of records does not show the patient is part of a rehabilitation program following a stroke. In this case, the patient presents with left knee pain. MTUS does not support EMS or NMES for chronic pain condition, either. This request does not meet guideline indications. Therefore, the request is not medically necessary.