

Case Number:	CM14-0196871		
Date Assigned:	12/04/2014	Date of Injury:	03/24/1999
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine 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 injured worker (IW) is a 62-year-old man with a date of injury of March 24, 1999. The mechanism of injury was not documented in the medical record. The IW is status post bilateral total knee arthroplasty. The surgical dates for the totally replacements were in 2009 in 2012. The injured worker's working diagnoses are disuse atrophy; and osteoarthritis. Pursuant to the orthopedic note dated October 15, 2014, the IW is not attending physical therapy. The IW complains of pain in the bilateral knees rated 2-4/10. He complains of recurrent pain in the cervical spine rated 5-6/10, and pain in the lumbar spine rated 3-4/10. Bilateral knee examination shows limited range of motion to 0-110 degrees on the left and -2 to 120 degrees on the right. There is minimal tenderness to palpation along the scars and moderate to severe bilateral quadriceps atrophy. The IW has not been able to restore muscle girth and strength and continues to have patellar maltracking and a slight antalgic gait. The treating physician indicated it is imperative the IW be prescribed and utilize a neuromuscular electrical stimulation (NMES) device, and conduction garment to treat ongoing disuse atrophy as part of his overall lower extremity rehabilitation program. The current request is for a neuromuscular electrical stimulation (NMES) device and conduct of garment for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular Electrical Stimulator Conductive Garment for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Knee and Leg Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Neuromuscular Electrical Stimulation Device.

Decision rationale: Pursuant to the Official Disability Guidelines, neuromuscular electrical stimulation device and conduct of garment for purchase is not medically necessary. A neuromuscular electrical stimulation device (NMES) 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. NMES is also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. For additional details see the Official Disability Guidelines. In this case, the injured worker had bilateral knee replacements. . The surgical dates for the totally replacements were in 2009 in 2012. In a progress note dated October 5, 2014, the treating physician indicated it is imperative the patient be prescribed and utilize a neuromuscular electrical stimulation device and conduction garment to treat ongoing disuse atrophy as part of his overall lower extremity rehabilitation program. A neuromuscular electrical stimulation device, however, is not recommended for chronic pain. A neuromuscular electrical stimulation device is indicated when added to a voluntary exercise program in the post-operative period following major knee surgeries. Consequently, absent guideline recommendations for a neuromuscular electrical stimulation device and treatment in the immediate postoperative period, neuromuscular electrical stimulation device and conduct of garment for purchase is not medically necessary.