

Case Number:	CM14-0200679		
Date Assigned:	12/11/2014	Date of Injury:	02/11/1999
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 63 year old male with an injury date of 02/11/99. Based on the 10/15/14 progress report provided by treating physician, the patient complains of bilateral knees, lumbosacral spine and cervical spine pain rated 2-4/10. Patient is status post bilateral total knee arthroplasty, dates unspecified. Physical examination to the bilateral knees revealed decreased range of motion, no swelling or effusion, and minimal tenderness to palpation along the scars. Moderate to severe bilateral quadriceps atrophy noted. Patient takes Naprosyn as needed for pain and swelling. Treater states that "the patient has not been able to restore muscle girth and strength and continues to have patellar maltracking and a slightly antalgic gait. It is imperative the patient be prescribed and utilize an Empi Phoenix NMES/muscle stimulation device and conductive garment to treat the ongoing disuse atrophy as part of his overall lower extremity rehabilitation program." The patient is no longer attending physical therapy. The patient is permanent and stationary. Diagnosis 04/20/04, per UR letter dated 11/18/14- work angle degenerative changes- left plantar fasciitis- arthritis of the left knee- carpal tunnel syndrome- Neil tendinitis The utilization review determination being challenged is dated 11/18/14. Treatment report dated 10/15/14 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI NMES Muscle Stimulation: Upheld

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

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

Decision rationale: MTUS Guidelines, page 121, Chronic Pain Medical Treatment Guidelines: Neuromuscular electrical stimulation (NMES devices) states: "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. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997)"The physician states in progress report dated 10/15/14 that "the patient has not been able to restore muscle girth and strength and continues to have patellar maltracking and a slightly antalgic gait. It is imperative the patient be prescribed and utilize an EMPI Phoenix NMES/muscle stimulation device and conductive garment to treat the ongoing disuse atrophy as part of his overall lower extremity rehabilitation program." However, there is no documentation that patient has had a stroke, and the MTUS does not support neuromuscular electrical stimulation for chronic pain and patient's given symptoms. Therefore the request is not medically necessary.

Conduction Unit: 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)

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

Decision rationale: The MTUS Guidelines, page 121, Chronic Pain Medical Treatment Guidelines: Neuromuscular electrical stimulation (NMES devices) states: "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. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997)"The physician states in progress report dated 10/15/14 that "the patient has not been able to restore muscle girth and strength and continues to have patellar maltracking and a slightly antalgic gait. It is imperative the patient be prescribed and utilize an EMPI Phoenix NMES/muscle stimulation device and conductive garment to treat the ongoing disuse atrophy as part of his overall lower extremity rehabilitation program." However, there is no documentation that patient has had a stroke, and MTUS does not support neuromuscular electrical stimulation for chronic pain and patient's given symptoms. Therefore the request is not medically necessary.