MAXIMUS Federal Services

Case Number:	CM15-0005490		
Date Assigned:	01/16/2015	Date of Injury:	10/08/2014
Decision Date:	03/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/12/2015

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 reported an injury on 10/08/2014. The mechanism of injury was a slip and fall. He was diagnosed with a right quadriceps tendon rupture. His past treatments included surgical repair of the right quadriceps tendon, use of a knee immobilizer, and inpatient rehabilitation. The patient evaluation dated 12/17/2014 indicated that the injured worker continued to work towards independence while in a skilled nursing facility for recovery. It was noted that a muscle stimulation unit would be requested for him to use while he is at his current facility. It was also noted that he would require a rental for more than 6 to 8 weeks once he is discharged. The injured worker denied numbness to his incision, but reported mild numbness around the incision site. It was noted he was currently using a knee immobilizer and had minimal pain on palpation. The treatment plan included continued participation in inpatient therapy with soft tissue massage and electrical muscle stimulation for quadriceps atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator unit times three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

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

Decision rationale: According to the California MTUS Chronic Pain Guidelines, neuromuscular electrical stimulation is used primarily as a part of a rehabilitation program following stroke. However, there was no evidence to support its use for chronic pain. The clinical information submitted for review indicated that the injured worker suffered a quadriceps tendon rupture which was surgically repaired. It was noted that an electrical muscle stimulator unit would be used while he remained in his inpatient rehabilitation facility for quadriceps atrophy. However, there was no documentation indicating that the injured worker had suffered a stroke, and the referenced guidelines do not include atrophy as an indication for use of neuromuscular electrical stimulation at this time. Moreover, the request as submitted failed to include a frequency of use and to specify the body part for which the stimulator is recommended to treat. For the reasons noted above, the request is not medically necessary.