

Case Number:	CM15-0008389		
Date Assigned:	01/30/2015	Date of Injury:	05/05/2012
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old female who sustained a work related injury on 05/05/12. She reports right knee pain. Diagnoses include degenerative joint disease of the knee, tibia patella, and effusion of joint lower leg. Treatments to date include medications and cortisone injections. In a progress note dated 12/08/14, the treating provider reports right knee with limited range of motion due to anterior knee pain. There is a trace palpable effusion, with palpable tenderness of the medial joint line. The treatment plan included right total knee replacement. On 12/15/14 Utilization Review non-certified the request for a Kneehab muscle stimulator purchase, citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kneehab muscle stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS in case of knee pain and post knee replacement. Therefore, the prescription of Kneehab muscle stimulator purchase is not medically necessary.