

<b>Case Number:</b>	CM15-0107621		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained a work related injury May 16, 2008. Past history included a left shoulder arthroscopy. An MRI of the left knee, dated December 10, 2014(report present in medical record), revealed a non-displaced irregular partial curvilinear tear at the peripheral inferior margin of the body and posterior horn of the medial meniscus, medial left knee bursitis, small anterior left knee joint effusion and mild foci of chondromalacia patella. An MRI of the cervical spine, dated January 30, 2015 (report present in medical record), revealed prominent severe foraminal narrowing C7-T1 and multiple areas of arthritis. An MRI of the lumbar spine, dated March 26, 2015 (report present in the medical record), revealed multilevel degenerative disc bulges are present, most significant at the L4-5 level where there may be impingement of the bilateral transiting nerve roots. A CT of the lumbar spine was performed on March 27, 2015, and a report is present in the medical record. According to a primary treating physician's notes, dated April 7, 2015, the injured worker presented with complaints of neck pain, low back pain scapular pain with paresthesia across the right scapular area, vertigo and pain in her left anterior ribs. Neurological examination continues to show spasm in the paraspinous cervical area, right greater than left, the interscapular and rhomboid area. There is tenderness around the left T8-9-10 ribs on the left. Impressions are left rib pain of uncertain etiology; cervical arthropathy with severe foraminal stenosis; PTSD (post-traumatic stress disorder). At issue, is the request for EMPI electrode kit (left knee).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMPI electrode kit (left knee):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - knee chapter and pg 49.

**Decision rationale:** Neuromuscular stimulators are recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, there was no mention of recent surgery and length of use of the stimulator was not specified. The electrodes for the EMPI is not medically necessary.