

<b>Case Number:</b>	CM15-0107624		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, Alabama, 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 53 year old female, who sustained an industrial injury on 5/16/08. She reported initial complaints of left knee injury. The injured worker was diagnosed as having medial meniscal tear left knee. Treatment to date has included physical therapy; acupuncture; chiropractic treatment; epidural steroid injections; medications. Diagnostics included MRI left knee (12/10/14); MRI cervical spine (1/30/15). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker complains of neck problems, low back problems; scapular difficulties with paresthesia across the right scapular area; vertigo and pain in her left anterior ribs. In regard to her reported rib pain, she explains "the pain is getting worse at times because she has to lay on her right side all of the time. She cannot lay on her left because of pain." Her neck pain is about the same and seems to extend into the scapular area where she is having paresthesias. The low back is the same; no vertigo at present time. The neurological examination continues to show spasm in paraspinous cervical area, right greater than left; also, in the interscapular and rhomboid area now. There is still tenderness around the left T8-9/10 ribs on the left. It does not seem to be any worse and there is no rubor or calor otherwise the neuro examination is unchanged. MRI left knee dated 12/10/14 impression notes a non-displaced irregular partial curvilinear tear at the peripheral-inferior margin of the body and posterior horn of the medial meniscus. There is a small lobulated focus of fluid between the medial left knee joint space and distal sartorius and gracilis tendons suggesting mild changes of the medial left knee bursitis. There is a small anterior left knee effusion and mild foci of chondromalacia patella. The provider is requesting a neurosurgical evaluation to make sure the thoracic spine is "okay". He has also recommended physical therapy and home exercise. The provider is requesting authorization of an EMPI Conductive Garment for NMES (left knee).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMPI Conductive garment for NMES (Left Knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Page(s): 118-119.

**Decision rationale:** According to MTUS guidelines, "Interferential Current Stimulation (ICS). Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. There is no evidence of left knee functional deficit that required neuro stimulator therapy. There is no documentation of the outcome of previous physical therapy and TENS. Therefore, the request for EMPI Conductive garment for NMES (Left Knee) is not medically necessary.