MAXIMUS Federal Services

Case Number:	CM15-0134300		
Date Assigned:	07/22/2015	Date of Injury:	08/04/2009
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male with an industrial injury dated 08/04/2009. The injured worker's diagnoses include chronic left knee pain, left knee arthroplasty and left knee contracture. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06/03/2015, the injured worker reported chronic left knee pain. The injured worker rated pain a 10/10. Objective findings revealed slowed and severely antalgic gait, swollen left knee and lower leg, severe tenderness over the left anterior knee and mild calf tenderness. The treatment plan consisted of medication management, neuromuscular stimulator device, pain psychology treatment, and follow up appointment. The treating physician prescribed services for advanced rehabilitation technologies (A.R.T.) neuromuscular stimulator unit x 2 months now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Advanced Rehabilitation Technologies (A.R.T.) neuromuscular stimulator unit x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in August 2009 and underwent a left total knee replacement in November 2010. A manipulation under anesthesia was done one month afterwards and he has had two subsequent arthroscopic knee surgeries. He continues to be treated for a contracture of the left knee. Treatments have included extensive physical therapy and use of a dynamic knee brace which was poorly tolerated. He was seen for an initial evaluation by the requesting provider on 05/04/15. He was having constant knee pain rated at 10/10 with symptoms radiating into the leg. There was severe left anterior knee and mild left calf tenderness with a fixed 25 degree knee contracture. Authorization for a two month trial of a neuromuscular electrical stimulator for pain relief was requested. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. Use of an NMES device is not recommended for chronic pain and are recommended as an option for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant has not undergone recent surgery and the unit is being requested for the treatment of chronic pain. The request was not medically necessary.