

Case Number:	CM15-0148708		
Date Assigned:	08/12/2015	Date of Injury:	08/25/2014
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 31 year old female, who sustained an industrial injury on August 25, 2014. She reported an injury to her right knee. Treatment to date has included diagnostic imaging, orthotics, physical therapy, home exercise program, CPM machine, right knee arthroscopy, chondroplasty and MPFL reconstruction, and NSAIDS. Currently, the injured worker complains of right knee pain and is status post right knee reconstruction on February 3, 2015. She reports that her symptoms are worse. On physical examination, the injured worker has an antalgic gait on the right and her right knee alignment is normal. She has tenderness to palpation over the medial aspect, the lateral patellar facet and the medial patellar facet of the right knee. She has intact sensation in all dermatomes and grossly intact muscle strength. She has no ligament instability. She has patellofemoral crepitus and a positive patellar compression test. Her patella mobility is decreased with contraction of her quadriceps. The diagnoses associated with the request include pain in the knee, dislocation of the patella and status post right knee arthroscopy, chondroplasty and MPFL reconstruction. The treatment plan includes purchase of EMPI NMES Continuum for home use, continuation of home exercise program, continued physical therapy for the right knee, and NSAIDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Empi NMES continuum unit for home use: Upheld

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

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

Decision rationale: Purchase of Empi NMES continuum unit for home use is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation does not indicate evidence that this device is being utilized for post stroke rehabilitation therefore, this request is not medically necessary.