

Case Number:	CM15-0208783		
Date Assigned:	10/27/2015	Date of Injury:	04/20/2014
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 20, 2014. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for a Neuromuscular Electrical Stimulation (NMES) device. The claims administrator did suggest, however, that the applicant is pending an ACL reconstruction surgery noting that an ACL reconstructive procedure had been approved an earlier UR report of September 4, 2015. The claims administrator referenced the MTUS Chronic Pain Medical Treatment Guidelines on Neuromuscular Electrical Stimulation in its determination. The claims administrator did, however, seemingly approve a knee brace. The claims administrator's medical evidence log, however, suggested the sole note on file was in fact dated February 9, 2015; thus, it did not appear that a more recent September 15, 2015 progress note cited by the claims administrator was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular Electrical Stimulator and garment purchase for the right knee post op:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Neuromuscular electrical stimulation (NMES devices).

Decision rationale: Yes, the request for a neuromuscular electrical stimulator and garment purchase for postoperative use purposes for the right knee was medically necessary, medically appropriate, and indicated here. While page 121 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Neuromuscular Electrical Stimulation (NMES) is recommended as part of post-stroke rehabilitation, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines does not address all indications for Neuromuscular Electrical Stimulator (NMES). ODGs Knee Chapter Neuromuscular Electrical Stimulation (NMES) topic notes that Neuromuscular Electrical Stimulation or NMES is recommended as an option for short-term use purposes during rehabilitation earlier in the postoperative period following major knee surgeries. Here, the claims administrator's UR report suggested that the applicant had received authorization for a revision of knee ACL reconstruction procedure and was, in fact, pending the same. Provision of the Neuromuscular Electrical Stimulation device at issue was, thus, indicated for postoperative use purposes as suggested in the ODGs Knee Chapter. Therefore, the request was medically necessary.