

<b>Case Number:</b>	CM15-0028558		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 25, 2010. In a utilization review report dated January 21, 2015, the claims administrator failed to approve a request for a neuromuscular electrical stimulator and associated conductive garment. The claims administrator referenced progress notes of November 11, 2014 and January 13, 2015 in its determination. The claims administrator incidentally noted that the applicant had undergone an earlier knee surgery. The applicant's attorney subsequently appealed. In an RFA form dated January 13, 2015, the neuromuscular electrical stimulator and associated conductor garment were sought. In an associated progress note dated January 10, 2015, the applicant reported persistent complaints of knee pain, 4-5/10. The applicant exhibited patellar maltracking and patellofemoral crepitation with 115 degrees of knee range of motion. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant was described as having some atrophy about the knee. The applicant was described as having retired from his former employment. The date of knee surgery was not furnished. Treatments included home exercise program, right meniscectomy, and acupuncture. The orthopaedic status report dated 01/09/2015 indicates that the injured worker was not taking medications and did not attend physical therapy. He stated that his right knee pain continued, with a rating of 4-5 out of 10 with occasional sharp, recurrent pain. An examination of the right knee showed bogginess, no effusion, positive patellofemoral crepitus, positive patellar facet tenderness, negative quadriceps tendon/patellar tendon tenderness, positive medial joint line tenderness, negative

lateral joint line tenderness, significant disuse atrophy of the right lower extremity secondary to the injury and previous surgical intervention, patellar maltracking, and neutral alignment. The treating physician requested the purchase of a neuromuscular elect stimulator and the purchase of a conductive garment to treat the disuse atrophy as part of the injured worker's overall rehabilitation program. On 01/21/2015, Utilization Review (UR) denied the request for the purchase of a neuromuscular elect stimulator and the purchase of a conductive garment. The UR physician noted the guidelines do not support the use of neuromuscular stimulators for any condition other than for stroke rehabilitation; and since the unit was not certified, the conductive garment was not necessary. The MTUS Chronic Pain Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase Neuro Muscular Elect Stimulator:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 121 of 127.  
Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Neuromuscular electrical stimulation (NMES devices).

**Decision rationale:** No, the purchase of a neuromuscular electrical stimulator was not medically necessary, medically appropriate, or indicated here. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation or NMES is not recommended in the chronic pain context present here but, rather, should be reserved for the postop rehabilitative context. While ODG's Knee Chapter, Neuromuscular Electrical Stimulation Topic notes that NMES devices are recommended as an option for short-term use during rehabilitation early in the postoperative period following major knee surgeries, in this case, however, the attending provider did not clearly state when knee surgery had transpired here. It appeared that the applicant was several months removed from the date of knee surgery as of the date the NMES device was endorsed. The purchase of the knee device, furthermore, runs counter to the ODG principle of limiting NMES usage to short-term postoperative use. Therefore, the request was not medically necessary.

**Purchase of Conductive Garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

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

**Decision rationale:** The request for a purchase of a conductive garment was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanies the primary request for an NMES device. Since that was deemed not medically necessary, in question #1, the derivative or companion request for an associated conductive garment was likewise not medically necessary.