

Case Number:	CM15-0029553		
Date Assigned:	02/23/2015	Date of Injury:	04/22/2012
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male, who sustained an industrial injury on 4/22/12. The PR2 dated 3/2/15 injured worker has complaints of depression. The diagnoses have included status post total knee arthroplasties, bilateral, in May 2014, with persistence of weakness and stiffness, with second opinion that some additional physical therapy is necessary. Treatment to date has included therapy; dynasplint; kneehab on his right quads that is helping and medications. According to the utilization review performed on 2/4/15, the requested Neurotech Kneehab x 2 (for bilateral knees) has been modified to 30-day trial and the requested Garment x 2, Electrodes x 4, and Batteries x 4 has been certified. Official Disability Guidelines Knee and Leg Chapter were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurotech Kneehab x 2 (for bilateral knees): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES devices Page(s): 114-116, 118-121.

Decision rationale: The patient presents with bilateral knee pain. The request is for NEUROTECH KNEEHAB X 2 (FOR BILATERAL KNEES). Patient is status post total knee arthroplasties, bilaterally, 05/2014. Per 03/02/15 progress report, patient's diagnosis includes status post total knee arthroplasties, bilateral in May 2014, with persistence of weakness and stiffness, with second opinion that some additional PT is necessary. Patient's medications per 02/05/14 progress report include Norco and Flexeril. Patient is temporarily totally disabled. The KneeHab XP is a combination NMES and TENS. Per MTUS Guidelines page 116, TENS unit have no proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. For interferential current stimulation, the MTUS Guidelines page 118 to 120 states it is 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 medication and limited evidence of improvement on those recommended treatments alone. Under NMES devices, the MTUS Guidelines page 121 states it is not recommended. NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In 03/02/15 progress report, treater states that the patient has been using the KneeHab on his right quads and feels like it is helping. Patient's diagnosis includes status post total knee arthroplasties, bilateral in May 2014, with persistence of weakness and stiffness, with second opinion that some additional PT is necessary. There is no indication of stroke for which the NMES unit is recommended. Additionally, the treater does not discuss other treatment modalities accompanying the unit. In this case, the patient does not meet any of the indications for both the TENS and NMES. Therefore, the request IS NOT medically necessary.