

<b>Case Number:</b>	CM15-0036101		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on 10/8/2014. He has reported slipping and falling down a flight of stairs with acute right knee pain and swelling. The diagnoses have included right quad tendon rupture, status post repair 10/13/14. Treatment to date has included medication, surgery and post surgical physical therapy. Currently, the Injured Worker complains of right knee pain with increased progression to weight bearing status, mostly using a wheelchair for mobilization. Physical examination from 2/26/15 documented incision of right knee healing with no signs of infection. There was mild tenderness and swelling with decreased extension. He was five months post tendon repair. The plan of care included continued physical therapy to increase strength and Range of Motion (ROM). On 2/9/2015 Utilization Review non-certified Durable Medical Equipment (DME): muscle stimulator unit x three months, noting the medical records did not support medical necessity. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of Durable Medical Equipment (DME): muscle stimulator unit x three months for right quadriceps/thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: muscle stimulator unit x 3 months for right quad/thigh: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-121.

**Decision rationale:** Guidelines do not recommend neuromuscular electrical stimulation devices except as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, the patient is status post right quadriceps tendon repair and there is no documentation of stroke in this patient. Thus, the request for DME muscle stimulator unit x 3 months for the right thigh is not medically necessary.