

Case Number:	CM15-0063622		
Date Assigned:	04/09/2015	Date of Injury:	11/26/2013
Decision Date:	07/09/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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 48-year-old male, who sustained an industrial injury on 11/26/2013. He has reported subsequent knee pain and was diagnosed with Grade 3 ACL tear and status post ACL reconstruction. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 01/12/2015, the injured worker complained of left knee pain. Objective findings were notable for quadriceps atrophy compared to the contralateral side. A request for authorization of EMPI phoenix electrotherapy system rental for 90 days for the left knee, EMPI phoenix garment X 1, EMPI phoenix electrodes kit, brace measurement and patient set-up/education/fitting fee was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: EMPI phoenix electrotherapy system rental for 90 days for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The patient presents with LEFT knee pain. The request is for DME: EMPI PHOENIX ELECTROTHERAPY SYSTEM RENTAL FOR 90 DAYS FOR LEFT KNEE. The request for authorization is dated 03/06/15. The patient is status-post LEFT knee diagnostic and operative arthroscopy with endoscopic ACL reconstruction, 07/11/14. Physical examination findings show well-healed arthroscopic portals and anterior incision, notable quadriceps atrophy compared to the contralateral side, stable anterior drawer and Lachman. He has completed all sessions of post-op physical therapy. He is trying to do his own exercises at the gym. Per progress report dated 01/12/15, the patient is temporarily very disabled. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater does not discuss the request. The request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. In this case, the patient presents with LEFT knee pain. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

EMPI phoenix garment x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The patient presents with LEFT knee pain. The request is for EMPI PHOENIX GARMENT X 1. The request for authorization is dated 03/06/15. The patient is status-post LEFT knee diagnostic and operative arthroscopy with endoscopic ACL reconstruction, 07/11/14. Physical examination findings show well-healed arthroscopic portals and anterior incision, notable quadriceps atrophy compared to the contralateral side, stable anterior drawer and Lachman. He has completed all sessions of post-op physical therapy. He is trying to do his own exercises at the gym. Per progress report dated 01/12/15, the patient is temporarily very disabled. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater does not discuss the request. The request is for the conductive Phoenix Garment to be used with the Phoenix Electrotherapy System. However, the Phoenix Electrotherapy System has not been authorized. Therefore, the request IS NOT medically necessary.

EMPI phoenix electrodes kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The patient presents with LEFT knee pain. The request is for EMPI PHOENIX ELECTRODES KIT. The request for authorization is dated 03/06/15. The patient is status-post LEFT knee diagnostic and operative arthroscopy with endoscopic ACL reconstruction, 07/11/14. Physical examination findings show well-healed arthroscopic portals and anterior incision, notable quadriceps atrophy compared to the contralateral side, stable anterior drawer and Lachman. He has completed all sessions of post-op physical therapy. He is trying to do his own exercises at the gym. Per progress report dated 01/12/15, the patient is temporarily totally disabled. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater does not discuss the request. The request is for the Phoenix Electrodes Kit, which attaches to the Phoenix Garment to be used with the Phoenix Electrotherapy System. However, the Phoenix Electrotherapy System has not been authorized. Therefore, the request IS NOT medically necessary.

Brace measurement: 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 TENS unit, NMES Page(s): 114-121.

Decision rationale: The patient presents with LEFT knee pain. The request is for BRACE MEASUREMENTS. The request for authorization is dated 03/06/15. The patient is status-post LEFT knee diagnostic and operative arthroscopy with endoscopic ACL reconstruction, 07/11/14. Physical examination findings show well-healed arthroscopic portals and anterior incision, notable quadriceps atrophy compared to the contralateral side, stable anterior drawer and Lachman. He has completed all sessions of post-op physical therapy. He is trying to do his own exercises at the gym. Per progress report dated 01/12/15, the patient is temporarily very disabled. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional

restoration. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater does not discuss the request. The request is to acquire the necessary measurements of the patient's LEFT knee for the Phoenix Brace to be used with the Phoenix Electrotherapy System. However, the Phoenix Electrotherapy System has not been authorized. Therefore, the request IS NOT medically necessary.

Patient set-up/education/fitting fee: 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 TENS unit, NMES Page(s): 114-121.

Decision rationale: The patient presents with LEFT knee pain. The request is for PATIENT SETUP/EDUCATION/FITTING FEE. The request for authorization is dated 03/06/15. The patient is status-post LEFT knee diagnostic and operative arthroscopy with endoscopic ACL reconstruction, 07/11/14. Physical examination findings show well-healed arthroscopic portals and anterior incision, notable quadriceps atrophy compared to the contralateral side, stable anterior drawer and Lachman. He has completed all sessions of post-op physical therapy. He is trying to do his own exercises at the gym. Per progress report dated 01/12/15, the patient is temporarily very disabled. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Treater does not discuss the request. The request is for the service needed to properly fit and educate the patient in using the Phoenix Electrotherapy System. However, the Phoenix Electrotherapy System has not been authorized. Therefore, the request IS NOT medically necessary.