

Case Number:	CM15-0084533		
Date Assigned:	05/06/2015	Date of Injury:	01/06/2011
Decision Date:	06/05/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 1/6/11. She reported pain in the left knee, low back, and right upper extremity. The injured worker was diagnosed as having left knee total knee replacement. Treatment to date has included left total knee arthroplasty on 3/6/15, physical therapy, and medications. Currently, the injured worker complains of abdominal pain, blurry vision, headaches, poor sleep quality, shortness of breath with exertion, and left knee pain. The treating physician requested authorization for NMES controller, conductive garment purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nmes controller, conductive garment purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in January 2011 and underwent a left total knee replacement on 03/06/15. When seen, she was three weeks status post surgery. She had less pain. She had ongoing stiffness. There was decreased range of motion and thigh atrophy. Medications and physical therapy were prescribed. Authorization for an NMES unit with garment was requested. A neuromuscular electrical stimulation (NMES) device can be recommended as an option for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, purchase of a unit is being requested which is not medically necessary. Additionally, if a unit were being used, there would be no reason for a conductive garment.