

Case Number:	CM14-0110827		
Date Assigned:	08/04/2014	Date of Injury:	05/25/2011
Decision Date:	10/02/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of May 25, 2011. A utilization review determination dated July 9, 2014 recommends noncertification of a large quadriceps muscle stimulator. An AME report dated November 5, 2013 identifies subjective complaints of low back pain and left knee pain. The patient also complains of instability, weakness, and swelling in the left knee. The note indicates that the patient has undergone four left knee surgeries as well as one right knee surgery. The patient underwent physical therapy and Visco supplementation injections. Physical examination reveals significant atrophy on the injured left lower extremity with 1 inch of left thigh atrophy and 1 inch of left calf atrophy. Left knee range of motion was normal with moderate to severe crepitus in the patellofemoral joint. There is also misalignment with lateral subluxation of the patella. Diagnoses include a strain, left knee, moderate, chronic, recurrent, and progressive. The diagnoses also included degenerative osteoarthritis of the left knee with patellar tendinitis in the left knee. The treatment plan indicates that the patient has severe patellofemoral chondromalacia which is further compounded by significant weakness of the extensor mechanism which places even further pressure on the patella and has also resulted in several subsequent falls. The treatment plan recommends 24 physical therapy treatments in conjunction with a muscle stimulation device in order to obtain sufficient strength to avoid further mechanical falls. The note indicates that the patient has "too much pain" to participate in an exercise program or therapy program to the extent required to increase the strength of the quadriceps. Therefore, a large quadriceps muscle stimulation unit is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LARGE QUADRICEPS MUSCLE 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 Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): age 114-117 of.

Decision rationale: Regarding the request for 1 electronic muscle stimulator (EMS) unit 30-day trial for home use between 7/2/13 and 10/6/13, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, it is clear that the requested muscle stimulator is not going to be used for the diagnosis of chronic pain. Instead, it appears to be recommended for strengthening of the quadriceps muscle. However, it is unclear why the patient is unable to strengthen this muscle on her own, and why a neuromuscular stimulator would be better able to do so. If the patient has pain doing isotonic exercises and therefore the isometric contractions of a neuromuscular stimulator would be expected to improve strength with less pain, then it is unclear why isometric contractions without a neuromuscular stimulator would be insufficient to accomplish the same goal. If the patient has too much pain from voluntary isometric quadricep contraction, then it is unclear how involuntary isometric quadricep contraction would be less painful. Additionally, there is no thorough description of what type of home exercise program the patient is doing whether it is resistance based with exercise bands, or isometric contractions, and identifying why it has failed despite attempts at modifying the exercises. In the absence of clarity regarding those issues, the currently requested "large quadriceps muscle stimulator" is not medically necessary.