

Case Number:	CM14-0210531		
Date Assigned:	12/23/2014	Date of Injury:	08/05/2013
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Preventive Medicine, Occupational 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:

50 year old female store manager injured her knee at work on 5 Aug 2013. She was diagnosed with left knee strain with medial meniscus tear, chondromalacia and patellofemoral syndrome. Comorbid conditions include asthma and obesity (BMI 35). Evaluation on 16 Oct 2014 showed continued left knee pain and swelling aggravated by standing, climbing and bending. Examination showed antalgic gait, decreased range of motion of the left knee, diminished strength in the left quadriceps (4/5) and tenderness at the medial and lateral patellar facets and along the medial joint line of the left knee. Left knee MRI with contrast (1 Aug 2014) showed high grade chondromalacia and prior medial meniscectomy. Left leg venous doppler ultrasound (2 Oct 2014) showed no evidence of deep vein thrombosis. Treatment has included surgery (left knee 12 Feb 2014), physical therapy, cortisone injections in knee, Synvisc injection of left knee, knee brace and medications (tramadol, Prilosec, Norco, Mobic, Celebrex). Electric muscle stimulator was requested in May 2014 but not disapproved until Oct 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 month rental of EMS unit including 8 packs of electrodes (dispensed 10/10/14) and rechargeable batteries: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 48-9, 339, Chronic Pain Treatment Guidelines Page(s): 114-21. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Doucet BM, et al, Neuromuscular Electrical Stimulation for Skeletal Muscle Function, Yale J Biol Med. 2012 Jun; 85(2): 201-215

Decision rationale: Electrical muscle stimulation (EMS), also known as neuromuscular electrical stimulation (NMES), is the transcutaneous stimulation of muscle contraction using electric impulses generated by conductive pads adhered to the overlying skin. It is a modality used for the rehabilitation of muscles usually in persons with neurological damage or muscle atrophy. It differs from transcutaneous electrical nerve stimulation (TENS) in that EMS stimulates the muscle fibers to improve muscle strength and function whereas TENS uses a different frequency to stimulate nerve fibers in order to decrease pain. In clinical settings, EMS is used to improve muscle strength, fatigue resistance and muscle endurance. It is important to note that there are few studies that show long-term effectiveness for use of any form of transcutaneous electrical stimulation. MTUS does not recommend its use for treatment of chronic pain, but notes it has been used to maintain and enhance quadriceps muscle strength during rehabilitation following major knee surgeries. This patient has quadriceps muscle atrophy and mild weakness first noted following major knee surgery. This abnormality was not improved with post-surgical physical therapy. At this point in the care of this patient, a trial of EMS is warranted. Therefore, the request is medically necessary.