

Case Number:	CM14-0214134		
Date Assigned:	01/07/2015	Date of Injury:	02/25/2010
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: 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:

This is a patient with a date of injury of February 25, 2010. A utilization review determination dated November 26, 2014 recommends noncertification of a muscle stimulation device with conductive garments. A progress report dated January 9, 2015 identifies subjective complaints identifying right knee pain. The patient is on a home exercise stretching and strengthening program. Physical examination findings reveal positive patellofemoral crepitus with tenderness around the joint but no instability. There is significant disuse atrophy of the right lower extremity which has not yet been restored to normal. No diagnosis is listed. The treatment plan indicates that the patient has patellar Maltracking due to disuse atrophy and approximately 2 cm of decreased girth in the right as well as 4-/5 strength. Therefore, the patient would receive benefit from a muscle stimulation device. A peer-reviewed study was provided indicating that portable neuromuscular stimulation units were shown to be ineffective when compared with clinical neuromuscular stimulation units.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI PHENIX NMES/Muscle Stimulation Device and Conductive Garment (with authorization, this will be acquired and utilized).: 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 Page(s): 114-121.

Decision rationale: Regarding the request for EMPI PHENIX NMES/Muscle Stimulation Device and Conductive Garment, 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 the patient has weakness and atrophy of the quadriceps. However, it is unclear how the patient has responded to a home exercise program, and whether the home exercise program includes progressive resistance exercise. Furthermore, it is unclear how long the patient has been utilizing the home exercise program. It will take a substantial amount of time to regain the strength in the patient's quadriceps. Finally, no peer-reviewed literature has been provided to support the use of neuromuscular stimulation via a portable device in the treatment of quadriceps atrophy. Unfortunately, the study provided showed that portable neuromuscular stimulation devices were not effective. As such, the currently requested EMPI PHENIX NMES/Muscle Stimulation Device and Conductive Garment is not medically necessary.