

Case Number:	CM14-0219111		
Date Assigned:	01/09/2015	Date of Injury:	08/16/2014
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 33 year-old male, who was injured on August 16, 2014, while performing regular work duties. The injured worker is a police officer and was in foot pursuit of a suspect. During a struggle with the suspect he lost his balance and resulted in a ligament tear in the left knee. The injured worker has received treatment including left knee reconstruction surgery in September 2014, 24 physical therapy visits, medications, and radiological imaging. The request for authorization is for a three (3) month rental of EMPI Phoenix Electrotherapy System; one (1) EMPI Phoenix Electrodes Kit; and one (1) EMPI Phoenix Garment. The primary diagnosis given is cruciate ligament knee sprain. On December 5, 2014, Utilization Review non-certified the request for a three (3) month rental of EMPI Phoenix Electrotherapy System; one (1) EMPI Phoenix Electrodes Kit; and one (1) EMPI Phoenix Garment, based on Chronic Pain Medical Treatment guidelines for neuromuscular electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Month rental for EMPI phoenix electrotherapy system: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121. Decision based on Non-MTUS Citation Pain section, NMES

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, three -month rental EMPI Phoenix electrotherapy system (Neuromuscular electrical stimulation unit) is not medically necessary. NMES is not recommended. NMES is recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are Grade II ACL tear left knee with extensive lateral meniscus tear secondary to injury while employed as a police officer; and left knee status post endoscopic ACL reconstruction with Achilles tendon allograft, partial lateral meniscectomy and debridement. NMES is not recommended. There is no evidence to support NMES use in chronic pain. Consequently, three -month rental EMPI Phoenix electrotherapy system is not medically necessary.

1 EMPI phoenix electrodes kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation. Decision based on Non-MTUS Citation Pain section, NMES

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one EMPI Phoenix electrode kit is not medically necessary. NMES is not recommended. NMES is recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. See the Official Disability Guidelines for details. In this case, the injured workers working diagnoses are Grade II ACL tear left knee with extensive lateral meniscus tear secondary to injury while employed as a police officer; and left knee status post endoscopic ACL reconstruction with Achilles tendon allograft, partial lateral meniscectomy and debridement. NMES is not recommended. There is no evidence to support its use in chronic pain. Consequently, three -month rental EMPI Phoenix electrotherapy kit is not medically necessary.

1 EMPI phoenix garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation. Decision based on Non-MTUS Citation Pain section, NMES

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one EMPI Phoenix garment is not medically necessary. NMES is not recommended. NMES is recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. See the Official Disability Guidelines for details. In this case, the injured workers working diagnoses are Grade II ACL tear left knee with extensive lateral meniscus tear secondary to injury while employed as a police officer; and left knee status post endoscopic ACL reconstruction with Achilles tendon allograft, partial lateral meniscectomy and debridement. NMES is not recommended. There is no evidence to support its use in chronic pain. Consequently, three -month rental EMPI Phoenix electrotherapy garment is not medically necessary.