

Case Number:	CM15-0004867		
Date Assigned:	01/16/2015	Date of Injury:	09/22/2001
Decision Date:	05/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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: 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:

The injured worker is a male, who sustained an industrial injury on September 22, 2001. The mechanism of injury is unknown. The diagnoses have included low back pain with degenerative disc disease, lumbar spine spondylosis, lumbar spine sprain/strain and right knee pain, status post right knee surgery on October 29, 2014. Treatment to date has included diagnostic studies, surgery, lumbar epidural steroid injection and medications. Currently, the injured worker complains of low back pain with radiating symptoms to the bilateral lower extremities. He complained of pain in his right calf area. A lumbar epidural steroid injection on October 20, 2014, provided more than 90% improvement in his symptoms. On December 19, 2014 Utilization Review non-certified a Knee hab XP controller unit (3 month rental), Knee hab XP garment x1 (purchase), Knee hab electrode kit x1 (purchase) and patient set-up/education/fitting , noting the California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of Knee hab XP controller unit (3 month rental), Knee hab XP garment x1 (purchase), Knee hab electrode kit x1 (purchase) and patient set-up/education/fitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

KneeHab XP Controller Unit (3-month rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Neurotech website (www.neurotechgroup.com).

Decision rationale: Regarding the request for KneeHab unit and associated supplies and training, this unit is a neuromuscular stimulation unit. Guidelines state that neuromuscular electrical stimulation is not recommended. As such, the currently requested KneeHab unit and associated supplies and training are not medically necessary.

KneeHab XP Garment (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Regarding the request for KneeHab unit and associated supplies and training, this unit is a neuromuscular stimulation unit. Guidelines state that neuromuscular electrical stimulation is not recommended. As such, the currently requested KneeHab unit and associated supplies and training are not medically necessary.

KneeHab Electrode Kit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Regarding the request for KneeHab unit and associated supplies and training, this unit is a neuromuscular stimulation unit. Guidelines state that neuromuscular electrical stimulation is not recommended. As such, the currently requested KneeHab unit and associated supplies and training are not medically necessary.

Patient Set-Up/Education/Fitting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Regarding the request for KneeHab unit and associated supplies and training, this unit is a neuromuscular stimulation unit. Guidelines state that neuromuscular electrical stimulation is not recommended. As such, the currently requested KneeHab unit and associated supplies and training are not medically necessary.