

<b>Case Number:</b>	CM15-0011161		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old male who reported an injury on 05/22/2009. The mechanism of injury was cumulative trauma. The injured worker had a right total knee replacement. There was a Request for Authorization for an NMES unit dated 12/04/2014. The documentation of 11/26/2014 revealed the injured worker continued to have pain in his right knee that was gradually getting worse. The injured worker denied having therapy recently. The current medications were noted to include Celebrex 200 mg capsules, Duexis 800-26.6 mg tablets, hydrocodone/acetaminophen 2.5/325 mg, Norco 10/325 mg tablets, and Vimovo 500-20 mg tablets. The injured worker had swelling of the right hand. The injured worker had a positive grind test on the right. The injured worker was noted to have an antalgic gait and walked with a cane. On examination of the right knee, the injured worker had 2 cm quadriceps atrophy. The injured worker was noted to have healed scars. Motor strength was 5/5 bilaterally. The injured worker was noted to undergo 4 view x-rays of the right knee and an MRI of the right knee prior to surgical intervention. The diagnoses included knee degenerative osteoarthritis and instability of the knee, knee meniscus tear, knee sprain and strain, anterior cruciate ligament, and muscular wasting and disuse atrophy. The treatment plan included physical therapy 2 to 3 times per week times 4 to 6 weeks to increase range of motion and strengthening of the right knee using all modalities. The physician opined the injured worker was 8 months status post TKA with fair to good results but continued to have quad weakness and atrophy. The request was made for an NMES unit for the right quadriceps atrophy. Additionally, the request was made for a conductive garment times 4 months to treat disuse atrophy over a large surface area.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME; Kneehab Neuromuscular stimulator (NMES) unit right knee quad Atrophy; conductive garment x 4 months to treat disuse Atrophy over large area surface area as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The clinical documentation submitted for review documented the injured worker had knee quad atrophy. However, the injured worker was not noted to have a stroke, which is the primary use for an NMES (poststroke). Additionally there was a lack of documented rationale for 4 months of treatment. Given the above, the request for DME; kneehab neuromuscular stimulator (NMES) unit right knee quad atrophy; conductive garment x 4 months to treat disuse atrophy over large area surface area as an outpatient is not medically necessary.