

Case Number:	CM15-0019907		
Date Assigned:	03/18/2015	Date of Injury:	11/22/2005
Decision Date:	04/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old male, who sustained an industrial injury on 11/22/2005. He has reported left knee pain. The diagnoses have included lumbar facet arthropathy; status post left knee arthroscopic partial medial and lateral meniscectomy and ACL (anterior cruciate ligament) reconstruction in February 2009; and left knee traumatic osteoarthritis, status post left total knee arthroplasty on November 14, 2014. Treatment to date has included medications, cortisone injections, bracing, physical therapy, and surgical intervention. A progress note from the treating physician, dated 01/07/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the left knee; and increasing pain in the low back which radiates to his buttocks. Objective findings have included tenderness along the medial patellar border of the left knee; more atrophy of the vastus medialis than lateralis; and moderate tenderness and spasm of the lumbar spine. The treatment plan has included continuation with physical therapy and home healthcare. Request is being made for Purchase of a neuromuscular stimulation device for left knee; and Home healthcare aide 2 times a week for 4 weeks to assist with activities of daily living for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a neuromuscular stim device for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, “Interferential Current Stimulation (ICS). Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)” There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. There is no evidence of left knee functional deficit that required neuro stimulator therapy. There is no documentation of the outcome of previous physical therapy and TENS. Therefore, the request Purchase of a neuromuscular stim device for left knee is not medically necessary.

Home healthcare aide 2 times a week for 4 weeks to assist with activities of daily living for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, home care assistance is “Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only

care needed.” (CMS, 2004) The patient does not fulfill the requirements mentioned above. There is no documentation that the patient recommended medical treatment requires home health aide. Therefore, the request for Home healthcare aide 2 times a week for 4 weeks to assist with activities of daily living for the left knee is not medically necessary.