

Case Number:	CM15-0110646		
Date Assigned:	06/17/2015	Date of Injury:	01/17/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

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 48 year old male, who sustained an industrial injury on 1/17/13. The injured worker was diagnosed as having right knee osteoarthritis. Treatment to date has included right knee diagnostic and operative arthroscopy in December 2011, right knee arthroscopic partial medial meniscectomy on 4/26/13, and viscosupplementation injections to the right knee. Currently, the injured worker complains of right knee pain. The treating physician requested authorization for EMPI Phoenix electrotherapy system x3 month's rental for the right knee, EMPI Phoenix garment for the right knee, and EMPI Phoenix electrodes kit for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI Phoenix electrotherapy system, 3 months rental right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in January 2013 and underwent an arthroscopic meniscectomy in April 2013. When seen, viscosupplementation injections were being performed. Physical examination findings included medial joint line tenderness. There was a diagnosis of right knee osteoarthritis. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. It can be recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant has not undergone recent surgery. In terms of atrophy, the claimant is not immobilized in a cast or brace. An active exercise program which could include isometric strengthening would be expected to be effective for him. The requested unit was not medically necessary.

EMPI Phoenix garment right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in January 2013 and underwent an arthroscopic meniscectomy in April 2013. When seen, viscosupplementation injections were being performed. Physical examination findings included medial joint line tenderness. There was a diagnosis of right knee osteoarthritis. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. It can be recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant has not undergone recent surgery. In terms of atrophy, the claimant is not immobilized in a cast or brace. An active exercise program which could include isometric strengthening would be expected to be effective for him. The requested garment was not medically necessary.

EMPI Phoenix electrodes kit right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in January 2013 and underwent an arthroscopic meniscectomy in April 2013. When seen, viscosupplementation injections were being performed. Physical examination findings included medial joint line tenderness. There was

a diagnosis of right knee osteoarthritis. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. It can be recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant has not undergone recent surgery. In terms of atrophy, the claimant is not immobilized in a cast or brace. An active exercise program which could include isometric strengthening would be expected to be effective for him. The requested electrode kit was not medically necessary.