

Case Number:	CM15-0118617		
Date Assigned:	06/26/2015	Date of Injury:	06/19/1995
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 59-year-old man sustained an industrial injury on 6/19/1995. The mechanism of injury is not detailed. Diagnoses include status post bilateral knee surgeries and severe quadriceps atrophy. Treatment has included oral and topical medications and knee immobilizer. Physician notes on a PR-2 dated 5/26/2015 show complaints of bilateral knee pain. Recommendations include physical therapy, right knee-hab, Voltaren, Oxycontin, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: kneehab/tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 has a remote history of a work injury occurring in June 1995. He underwent bilateral total knee arthroplasties. In January 2015 a right patellar tendon reconstruction was done complicated by infection of the prosthetic knee requiring incision and drainage in April 2015. When seen, he was wearing a knee immobilizer. There was severe right quadriceps atrophy. Authorization for a four-month rental of a combination neuromuscular electrical stimulator/TENS unit was requested. The claimant was also referred for physical

therapy with the precaution avoiding aggressive quadriceps strengthening due to the recent patellar tendon reconstruction. A neuromuscular electrical stimulation (NMES) device can be recommended as an option, but only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant was simultaneously referred for physical therapy including strengthening within the precautions identified. A four-month rental of the requested device is not medically necessary.