

<b>Case Number:</b>	CM15-0132475		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 46 year old male patient with an industrial injury dated 05-22-2009. The diagnoses include wrist "RA", knee quad atrophy and knee tendonitis. Some documents within the submitted medical records are difficult to decipher. Per a progress report dated 06-03-2015, the patient reported pain in the ankles, knees, shoulders, elbow, lower back, and ankles with weakness in feet. The patient rated pain a 6 out of 10 with medication. According to the progress note dated 06-08-2015, the patient reported constant right wrist pain, right shoulder pain, frequent low back pain and intermittent right knee "giving way" episodes. The physical examination on 05-11-2015 revealed right quad atrophy, antalgic gait with use of knee brace, right knee tenderness, right quad tender, and patellar tender; bilateral shoulder tenderness and positive Impingement. The physical examination on 6/8/15 revealed lumbar spine pain with extension and flexion, tenderness and decreased range of motion. The medications list includes norco, cymbalta and cimzia. His surgical history includes bilateral carpal tunnel surgery, right total knee replacement and hernia repair. Prior diagnostic study reports were not specified in the records provided. Treatment has included right total knee in 2014, prescribed medications and periodic follow up visits. The utilization review dated 06-09-2015, non-certified the request for purchase of a right hinged knee brace modification straps and purchase of a "NMES" garment for right quad atrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a right hinged knee brace modification straps: Overturned**

**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 Knee Complaints 2004, Section(s): Activity Alteration.

**Decision rationale:** Per the ACOEM guidelines "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Per the records provided the patient has intermittent right knee "giving way" episodes. The patient has objective findings on the knee examination- right quad atrophy, antalgic gait with use of knee brace, right knee tenderness, right quad tender, and patellar tenderness. The patient has history of right knee replacement in 2014. A knee brace modification strap is medically appropriate in this patient to provide knee stability and to improve gait. The request of Purchase of a right hinged knee brace modification straps is medically appropriate and necessary for this patient at this time.

**Purchase of a knee hab NMES garment for right quad atrophy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Blue Cross of California Medical Policy Durable Medical Equipment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Knee hab is an Electrical Muscle Stimulation (EMS) device. Per the CA MTUS Chronic Pain Medical Treatment Guidelines 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 trials suggesting benefit from NMES for chronic pain..... Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005)" Evidence of stroke is not specified in the records provided. Response to previous conservative therapy including physical therapy is not specified in the records provided. She has undergone right total knee replacement in 2014. Evidence of recent knee surgery is not specified in the records provided. The medical necessity of Purchase of a knee hab NMES garment for right quad atrophy is not established for this patient.

