

Case Number:	CM15-0026807		
Date Assigned:	02/19/2015	Date of Injury:	09/08/2011
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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
 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 44 year old male who sustained an industrial related injury on 9/8/11 due to a motorcycle accident. The injured worker had complaints of quadriceps weakness. Diagnoses included sprain of cruciate ligament. Treatment included left knee ACL reconstruction with allograft, lysis of adhesions, and chondroplasty on 5/21/14. The injured worker also participated in physical therapy. The treating physician requested authorization for kneehab stim unit (months) quantity 4. On 2/10/15 the request was modified. The utilization review physician cited the Official Disability Guidelines and noted it was reasonable to try this unit but it is preferable to rent it to see if it will provide benefit and to see if the injured worker is willing to diligently use it. The request was modified to a quantity of 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kneehab stim unit (months) QTY: 4.00: Upheld

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 Chronic Pain Treatment Guidelines TENS unit interferential current stimulation Page(s): 114-116, 118-121.

Decision rationale: The 44 year old patient is status post eight months after ACL reconstruction and menisectomy with history of multiple knee trauma and fractures, and continues to have quad weakness and atrophy, as per progress report dated 01/29/15. The request is for KNEEHAB STIM UNIT (MONTHS) QTY 4. The RFA for the case is dated 08/19/14, and the patient's date of injury is 09/08/11. The patient is off duty, as per progress report dated 10/02/14. The KneeHab XP is a combination NMES and TENS. Per MTUS Guidelines page 116, TENS unit have no proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. For interferential current stimulation, the MTUS Guidelines page 118 to 120 states it is 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 medication and limited evidence of improvement on those recommended treatments alone." Under NMES devices, the MTUS Guidelines page 121 states it is not recommended. "NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." In this case, the treater is requesting for a KneeHab muscle stim due to prolonged atrophy of the quad. The unit will help "stimulate the multiple muscle groups of the quad including the VMO, lateralis and medialis, which can be done much better with an adjustable stim unit such as the KneeHab," as per progress report dated 01/29/15. The request for KneeHab is noted in progress reports dated 10/02/14 and 08/18/14 as well. There is no documentation of trial. There is no indication of stroke for which the NMES unit is recommended. Additionally, the treater does not discuss other treatment modalities accompanying the unit. In this case, the patient does not meet any of the indications for both the TENS and NMES. Hence, the request IS NOT medically necessary.