

Case Number:	CM15-0036939		
Date Assigned:	03/05/2015	Date of Injury:	03/19/2014
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 57 year old male, who sustained an industrial injury, 3/19/14. According to progress note of 12/18/14, the injured workers chief complaint was right knee pain and muscle spasms. The injured worker described the pain as constant moderate to severe. The pain was aggravated by squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing and walking. The physical exam noted tenderness over the medial and lateral joint line of the right knee. There was crepitus noted with flexion of 105 degrees and extension negative 10 degrees. The motor strength was 4 out of 5. MRI of the right knee showed complex symptomatic medial meniscal tears of the posterior horn, lateral meniscus myxoid changes verses tear of the posterior horn, medial collateral ligament sprain, suprapatellar bursitis, medial femorotibial joint space narrowing, chondromalacia patella Grade 1, osteochondral lesion of the medial femoral condyle and degenerative osteoarthritis subchondral sclerosis of the medial tibial plateau. Treatment has included right knee brace, injections, pain medication, physical therapy, acupuncture and light duty recommendations. The Utilization Review on 1/28/15 denied the request for retro DME-Prime Dual TENS/EMS Unit Purchase, noting that there was no evidence for a 1 month trial period and the combined TENS/EMS unit is not addressed by the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME-Prime Dual TENS/EMS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation, TENS and Neuromuscular electrical stimulation devices Page(s): 116 and 121.

Decision rationale: The MTUS states that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial - Other ongoing pain treatment should also be documented during the trial period including medication usage - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS further recommends that neuromuscular electrical stimulation devices (NMES) are 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 intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. 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. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinalcord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. In this case, while there is evidence for a previous 1 month trial of a TENS unit and evidence for muscle atrophy, an indication for electrical neuromuscular stimulation, there is inadequate documentation to support the request for purchase as noted in the above guidelines. There is no treatment plan or documentation of how often the unit was used and pain relief/functional improvement. The use of the Prime Dual TENS/EMS device is not consistent with the MTUS guidelines and is not medically necessary.