

Case Number:	CM15-0096683		
Date Assigned:	05/27/2015	Date of Injury:	09/02/2014
Decision Date:	07/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, Illinois

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 is a 50 year old female, who sustained an industrial injury on 09/02/2014. She has reported injury to the neck, bilateral knees, and low back. The diagnoses have included left knee osteoarthritis; left knee degenerative joint disease; and status post left total knee arthroplasty, on 04/14/2015. Treatment to date has included medications, diagnostics, and surgical intervention. An operative note from the treating physician, dated 04/14/2015, documented a procedure with the injured worker. Currently, the injured worker complains of left knee symptoms limiting function due to severe osteoarthritis. Objective findings included severe osteoarthritis; and the injured worker failed reasonable conservative measures and elected to proceed with surgical treatments. On 04/14/2015, left total knee arthroplasty was performed. The treatment plan has included medical monitoring, pain control, DVT (deep vein thrombosis) prophylaxis, and physical therapy. Request is being made for neuromuscular stimulator unit, conductive garment, and supplies purchase for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular stimulator unit, conductive garment and supplies purchase for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation, RS-4i sequential stimulator, Sympathetic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The injured worker sustained a work related injury on 09/02/2014. The medical records provided indicate the diagnosis of left knee osteoarthritis; left knee degenerative joint disease; and status post left total knee arthroplasty, on 04/14/2015. Treatment to date has included medications, and total knee replacement. The medical records provided for review do not indicate a medical necessity for neuromuscular stimulator unit, conductive garment and supplies purchase for the left knee. The MTUS does not recommend its use except in the management of stroke, and for postoperative use during rehabilitation. The Official Disability Guidelines recommends its use as part of the postoperative ACL reconstruction rehabilitation, in an outpatient physical therapy setting, but not for home unit. Therefore the request is not medically necessary.