

Case Number:	CM15-0097137		
Date Assigned:	05/27/2015	Date of Injury:	08/01/2012
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
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: North Carolina

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:

The injured worker was a 38 year old male, who sustained an industrial injury, August 1, 2012. The injured worker previously received the following treatments physical therapy, right knee arthroscopic surgery, left knee MRI, left and right knee Synvisc injection and arthroscopic left knee surgery. The injured worker was diagnosed with bilateral knee industrial injury, right knee arthroscopic surgery, left knee compensatory pain, left knee partial thickness patellar tendon tear with grade 2 medial meniscus tear with a full thickness chondral erosion at the medial compartment, left knee arthroscopic surgery, left knee lateral meniscectomy with repair of the partial tendon tear of the left knee. According to progress note of April 27, 2015, the injured workers chief complaint was left knee pain. The injured worker had left knee arthroscopic surgery on March 6, 2015. Postoperatively the injured worker was making excellent progress. However the injured worker was experiencing some weakness specifically in the quadriceps region. The physical exam noted a well-healed arthroscopic portals, trace effusion, positive patellofemoral crepitation and positive grind. The treatment plan included muscle stimulating unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulation unit, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscular stimulation Page(s): 121.

Decision rationale: The California MTUS section on neuromuscular stimulation states: 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 spinal cord-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. (BlueCross BlueShield, 2005) (Aetna, 2005) Criteria for use as defined above have not been met and the request is not medically necessary.