

<b>Case Number:</b>	CM13-0014086		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64-year-old gentleman who sustained an injury on September 15, 2011. A determination has already recommended certification for a left total knee arthroplasty. This request is for 12 physical therapy sessions, a cryotherapy device and postoperative use of a TENS unit with garments and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY SESSIONS, #12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines criteria recommend up to 24 sessions of physical therapy following total joint arthroplasty. As the claimant's surgery has already been certified, the requested 12 post-operative sessions of physical therapy are within the Postsurgical Rehabilitative Guidelines and would be supported as medically indicated.

#### **POST-OP CRYOTHERAPY MACHINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this postoperative request. According to Official Disability Guidelines, cryotherapy is not supported in this case. Recent randomized clinical trials demonstrated no significant benefit of cryotherapy in the post-operative period following arthroplasty. Therefore, this request would not be medically indicated.

**POST-OP KNEEHAB/TENS UNIT WITH CONDUCTIVE GARMENT AND SUPPLIES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION), Page(s): 116.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the use of TENS following arthroplasty. In the post-operative setting, TENS devices are noted to be mild to moderately effective for thoracotomy pain. Chronic Pain Guidelines state that use of this modality is either less effective or is not effective at all for pain management following orthopedic surgical procedures such as arthroplasty. Absent documented efficacy, treatment with TENS would not be medically indicated in this case. Because TENS is not supported as medically necessary, the related garments and supplies would not be medically necessary, either.