

Case Number:	CM13-0021877		
Date Assigned:	11/13/2013	Date of Injury:	05/21/2012
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice has a subspecialty in Preventive Medicine 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 physician 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 sustained an injury on 5/21/12 that resulted in chronic knee pain. She was found to have a meniscal tear of the left knee and right knee patellofemoral arthralgia. On 8/7/13 she underwent an arthroscopic left partial medial meniscectomy and a synovectomy of the medial compartment of the left knee. There was no note of any surgical complications. Post-operatively a request was made for a cold therapy system for 7 days to reduce pain and swelling as well as an interferential stimulator (Surgi Stim 4) for pain, spasm and increasing range of motion. In a subsequent order on 10/2/13 it was noted that the claimant still required physical therapy and 12 treatments were requested. In addition, Surgi Stim 4 was continued without particular examination information or therapeutic response.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 cold therapy system: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cryotherapy and Knee Pain.

Decision rationale: According to the MTUS guidelines: 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 medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. According to the ODG guidelines: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Based on the information provided from the ODG, short-term post-operative use of a cold therapy (cryotherapy) unit is beneficial and better than cold packs. The use of cold therapy is therefore appropriate and medically necessary for the recommended amount of 7 days.

The request for 1 SurgiStim4 with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, Neuromuscular electric stimulation (NMES dev. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Interferential Current Stimulation (ICS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Therapy (IFC).

Decision rationale: According to the ODG guidelines: Under study for osteoarthritis and recovery post knee surgery. Not recommended for chronic pain or low back problems. After knee surgery, home interferential current therapy (IFC) may help reduce pain, pain medication taken, and swelling while increasing range of motion, resulting in quicker return to activities of daily living and athletic activities. (Jarit, 2003) In this case, there was no post-operative examination response to the benefit of SurgiStim 4 documented. The patient still required therapy and TENS units months after surgery. Studies to support the use of IFC are not conclusive at this point. The subsequent response to ICF therapy in this case also indicates that there was no substantial benefit. As a result, the use of Surgi Stim 4 is not medically necessary.