

Case Number:	CM13-0023426		
Date Assigned:	11/15/2013	Date of Injury:	07/20/2012
Decision Date:	01/30/2014	UR Denial Date:	08/15/2012
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery and is licensed to practice in Michigan, Nebraska and Texas. 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 is a 39-year-old female who reported an injury on 07/20/2012. The patient is currently diagnosed as status post arthroscopy with removal of synovial mass and complete synovectomy, severe adhesive capsulitis of the right knee, and synovial enlargement of the right knee. The patient was seen by [REDACTED] on 08/07/2013. The patient complained of right knee pain with giving way. The physical examination revealed 110 degree flexion. The treatment recommendations included a right knee arthroscopy with continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

rental of SurgiStim Unit post operatively for two weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Section Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state other devices such as H-wave stimulation, interferential current stimulation, microcurrent electrical stimulation, electroceutical therapy, and neuromuscular electrical stimulation devices have been designed and are distinguished from TENS units based on their electrical specifications. Postoperative use of a

transcutaneous electrical nerve stimulator is recommended as a treatment in the first 30 days post surgery. The proposed necessity of the unit should be documented upon request and rental would be preferred over purchase during this 30 day period. As per the clinical notes submitted, there is no documentation of a treatment plan with specific short and long term goals of treatment with the postoperative Surgi-Stim unit. The medical necessity has not been established. Therefore, the request is non-certified.

rental of cooling unit post operatively for two weeks: 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) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. The current request for a cooling unit postoperatively for 2 weeks exceeds guideline recommendations. Therefore, the request is non-certified.