

<b>Case Number:</b>	CM13-0024763		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/26/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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:

This 58 year old female claimant with an industrial injury dated 03/03/11. The patient is status post a right total knee arthroplasty in March 2013. Exam note 03/28/14 states the patient returns with left knee, low back, and left leg pain. Upon physical exam the patient demonstrated an antalgic gait on the left side. The patient had a decreased range of motion of the lumbar spine. There was evidence of left paraspinal tenderness surrounding the lumbar spine. The patient completed a positive straight leg raise on the left leg. Diagnosis is noted as left knee osteoarthritis, and lumbar spine discogenic back pain with left lower extremity radiculopathy. Treatment includes a continuation of medication, acupuncture, and physical therapy. Recommendation for left total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE POST OPERATIVE HOT AND COLD CONTRAST THERAPY WITH COMPRESSION:** 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), TWC, Knee/Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the request is not medically necessary and appropriate.

**COMBO CARE FOUR (4) ELECTROTHERAPY (TENS):** Upheld

**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 TENS Page(s): 113-114.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain in the records from 3/28/14 to warrant a TENS unit. Therefore the request is not medically necessary and appropriate. In this case there is insufficient evidence of chronic neuropathic pain in the records from 3/28/14 to warrant a TENS unit. Therefore the request is not medically necessary and appropriate. In this case there is insufficient evidence of chronic neuropathic pain in the records from 3/28/14 to warrant a TENS unit. Therefore the determination is for non-certification.

**CONTINUOUS PASSIVE MOTION (CPM) 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), TWC, Knee/Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, CPM

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the request is for an unspecified amount of days, the guideline criteria have not been met the determination is not medically necessary and appropriate.