

Case Number:	CM13-0025786		
Date Assigned:	11/20/2013	Date of Injury:	11/16/2012
Decision Date:	02/07/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 claimant is a 38-year-old female who was injured on November 16, 2012 who sustained an injury to her left knee while trying to restrain a combative individual. She had failed a course of conservative care. She is with imaging that demonstrates ACL pathology as well as a patellar facet cartilage deficit. Records indicate that Utilization Review had approved her for an ACL reconstruction with allograft given her ongoing complaints and clinical instability. The specific request in this case in reference to her perioperative course of care to include the role of preoperative medical clearance, postoperative use of a cold care unit, and 90 day use of a SurgiStim unit for further care. Further clinical records relevant to the claimant's surgical process are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: 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), Back Chapter, Preoperative testing, general.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure.

Decision rationale: MTUS Guidelines address consultations with one of the purposes of determining medical stability. When looking at Official Disability Guideline criteria, preoperative medical clearance cannot be supported. The specific request in this case is ill-defined giving no clear understanding as to what "clearance" would be necessary. The records for review indicate that this is a healthy 38-year-old individual undergoing a knee arthroscopic procedure. Based on lack of documentation as to what specifically would need to be performed in the preoperative period, this reviewer would be unable to give his opinion regarding its necessity. At present there would be no indication for "clearance" for as stated this otherwise healthy 38-year-old individual.

Surgi-stim unit for an initial period of ninety (90) days, then purchase: 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), Knee Complaints Chapter, Continuous Passive Motion and the CA MTUS, Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrotherapy and NMES- Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), NMES- Neuromuscular electrical stimulation (NMES devic.

Decision rationale: Based on MTUS Guidelines, a SurgiStim unit for 90 day rental would not be indicated. Review of SurgiStim units indicates that it is a combination therapy unit consisting of both neuromuscular electrical stimulation and interferential stimulation. MTUS Guidelines do not recommend its use in the chronic pain setting, acute pain setting and typically only utilizes its role as a primary part of a rehabilitation program following a stroke. The role of this device thus would not be indicated for support at this time.

Cool Care Cold Therapy unit: 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)-- Official Disability Guidelines Treatment in Worker's Comp, Knee and Leg Chapter, - Continuous-flow cryotherapy section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a cryotherapy device in the postoperative setting also cannot be indicated. While Guideline criteria do recommend the role of cryotherapy devices for seven days including home use, the formal outlined timeframe of use in this case has not been documented. One would

be unable to give support for the device without documentation of timeframe of use. Thus, the request in this case cannot be supported.