

<b>Case Number:</b>	CM13-0031117		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 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 is a 60-year-old female who reported an injury on 06/05/2013 due to cumulative trauma. The patient had low back pain and left knee pain. The patient was treated conservatively with medications and physical therapy. Physical findings included tenderness to palpation over the medial joint line of the left knee and a positive McMurray's test. Due to persistent pain and symptoms, the patient was scheduled for surgery of the left knee. The patient's diagnoses included a cervical spine strain, lumbar strain, left hip contusion, left knee internal derangement, and left ankle sprain. The patient's postoperative care was to include physical therapy, cryotherapy, and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacooling System (Hot/Cold/Compression Therapy) with water circulating wrap to be used Post-op 30 minutes 3 x 4:** 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 and Leg Chapter, Continuous-flow cryotherapy.

**Decision rationale:** The Physician Reviewer's decision rationale: The Thermacooling System (Hot/Cold/Compression Therapy) with water circulating wrap to be used Post-op 30 minutes 3x4 is not medically necessary or appropriate. The patient did undergo surgical intervention. Official Disability Guidelines recommend the use of continuous flow cryotherapy postoperatively for up to 7 days. The request exceeds this recommendation. There are no exceptional factors within the documentation to support the need to extend treatment beyond guideline recommendations. As such, the request for Thermacooling System (Hot/Cold/Compression Therapy) with water circulating wrap to be used Post-op 30 minutes 3x4 is not medically necessary or appropriate.

**Transcutaneous electrical nerve stimulation (TENS) unit purchase with one year supplies to be used 3 times in 30 minutes:** 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, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

**Decision rationale:** The Physician Reviewer's decision rationale: The requested transcutaneous electrical nerve stimulation (TENS) unit purchase with one year supplies to be used 3 times 30 minutes is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient did undergo surgical intervention of the left knee. California Medical Treatment Utilization Schedule states "recommended as a treatment option for acute postoperative pain in the first 30 days post surgery." The request exceeds this 30 day postsurgical recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested transcutaneous electrical nerve stimulation (TENS) unit purchase with one year supplies to be used 3 times 30 minutes is not medically necessary or appropriate.