

Case Number:	CM13-0047724		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2013
Decision Date:	02/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 56-year-old female who was injured on 01/24/13 sustaining an injury to the left knee. Review of clinical records indicates that the claimant has been approved for left knee surgery. Available for review is actually an operative report of 10/22/13 which indicated the claimant underwent a diagnostic and operative arthroscopy to the left knee with lateral retinacular release, partial medial meniscectomy, debridement and medial capsular reconstruction with removal of loose bodies. There are requests for use of DME devices in the postoperative setting in relationship to the claimant's 10/22/13 surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op cold therapy unit purchase: Upheld

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

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: When looking at Official Disability Guideline criteria, a cold therapy unit for purchase would not be indicated. Guideline criteria recommend a cold therapy unit for up to seven days including home use, but would not support purchase or use beyond the seven day window of operative procedure. As such, the purchase of a cryotherapy unit would not be indicated.

Electrical stim unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), see also sympathetic the.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: Based on California MTUS/ACOEM Guidelines, a TENS unit would not be indicated. Electrical stimulation per guideline criteria can be indicated for use in the chronic setting; however, there is insufficient evidence to indicate its use for acute knee related complaints. Thus the purchase of an electrical stimulator unit in the claimant's initial postoperative setting, an acute knee condition, would not be supported.

One pack foam electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), see also sympathetic the.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: Based on California MTUS/ACOEM Guidelines, supplies and accessories for the stimulation unit also would not be indicated as the need for the unit as a whole is not supported at present.

Electrodes 7 packs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), see also sympathetic the.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: Based on California MTUS/ACOEM Guidelines, supplies and accessories for the stimulation unit also would not be indicated as the need for the unit as a whole is not supported at present.

Power pack qty 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), see also sympathetic the.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: Based on California MTUS/ACOEM Guidelines, supplies and accessories for the stimulation unit also would not be indicated as the need for the unit as a whole is not supported at present.