

Case Number:	CM13-0051848		
Date Assigned:	12/27/2013	Date of Injury:	09/15/2012
Decision Date:	04/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 Pennsylvania. 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 44-year-old female who was injured in a work-related accident on September 15, 2012. Clinical records provided for review documented that the claimant had a left knee injury, for which there is a request for a left knee arthroscopic evaluation, lateral retinacular release, chondroplasty, synovectomy, and debridement. The specific clinical requests are for postoperative use of a 90 day rental of a Surgi-Stim unit as well as purchase of a Coolcare cold therapy unit for the knee. The surgical process to the knee has been certified through the utilization review process. The specific requests in this case are in regards to the postoperative use of the above-mentioned devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety (90) day rental of one (1) Surgi-Stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for a Surgi-Stim unit for 90 days would not be indicated. Surgi-Stim is a combination of interferential stimulation and neuromuscular electrical stimulation. Neuromuscular electrical stimulation is not indicated with the exception of the diagnosis of post diagnostic treatment of a stroke. The records in this case would not indicate its role in the acute setting for postoperative measures. The specific request would not be supported.

One (1) Coolcare cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. 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 procedure.

Decision rationale: CA MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the purchase of a Coolcare cold unit would not be indicated. While ODG guideline criteria supports the role of cryotherapy devices for up to seven days including home use, the specific number of days requested in this case is not documented. The lack of the above documentation would fail to necessitate its need at present.