

<b>Case Number:</b>	CM13-0056576		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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:

The claimant was injured in a work related accident on 01/28/10. The records provided for review documented that the claimant sustained a left knee injury for which he currently required revision knee arthroscopy with partial medial meniscectomy and debridement. Hardware removal from prior retained tibial fixation was to take place as well. The surgical process has been certified per utilization review. The current request, however, is for postoperative use of a ninety day rental of a Surgi-Stim unit as well as twelve initial sessions of postoperative physical therapy. The additional medical records were not pertinent to the specific request in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE PHYSICAL THERAPY X12:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Postsurgical Rehabilitative 2009 Guidelines support the request for twelve sessions of physical therapy following knee arthroscopy and meniscectomy. Therapy is necessary to restore optimum strength and function. Therefore, the request for post operative physical therapy x 12 is medically necessary and appropriate.

**SURGI-STIM UNIT RENTAL X90 DAYS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), NMES Page(s): 118,120,121.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines do not support the request for a Surgi-Stim unit in the postoperative setting. Surgical stimulation is inferential stimulation for neuromuscular stimulation. The role of ninety day use of the above device would not be indicated. Neuromuscular electrical stimulation is only indicated in the rehabilitation process of a stroke. It does not serve a purpose for postoperative use in the acute setting. Therefore, the request for surgi-stim unit rental x 90 days is not medically necessary and appropriate.