

<b>Case Number:</b>	CM13-0061215		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Physical Medicine and Rehabilitation, 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 injured worker is a 53-year-old female who reported an injury on 2/1/11. The mechanism of injury was not provided for review. The injured worker failed conservative treatment for the right knee and was considered a candidate for right knee arthroscopy. The injured worker was evaluated on 10/7/13. It was documented that the injured worker could proceed with surgical intervention. The injured worker's diagnoses included right knee internal derangement, cervical radiculitis syndrome, and lumbar sciatic syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOBILITY CRUTCHES:** 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.

**Decision rationale:** The California MTUS/ACOEM does not specifically address this request. The Official Disability Guidelines recommend walking aids when an injured worker has mobility deficits that cannot be sufficiently resolved with lower levels of equipment. The clinical documentation submitted for review does indicate that the injured worker will undergo surgical

intervention of the right knee. However, there is no documentation that the injured worker will be immobilized post surgically. Therefore, the need for mobility crutches is not justified. As such, the requested mobility crutches are not medically necessary or appropriate.

**COMBO CARE 4 ELECTROTHERAPY:** 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 Page(s): 114, 118, 121.

**Decision rationale:** This is a combination unit that uses TENS, interferential stimulation, and neuromuscular electrotherapy stimulation. The California MTUS does recommend the use of a TENS unit and interferential current stimulation in the postsurgical management of pain. However, the MTUS does not recommend the use of a neuromuscular electrical stimulation unit as this is primarily used in the rehabilitation program of a stroke patient. Additionally, the request as it is submitted does not clearly define a duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested combo care 4 electrotherapy is not medically necessary or appropriate.

**CONTINUOUS PASSIVE MOTION (CPM) DEVICE FOR THIRTY DAYS:** 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.

**Decision rationale:** The California MTUS does not address this request. The Official Disability Guidelines recommend the use of continuous passive motion unit following anterior cruciate ligament reconstruction or total knee arthroplasty. The clinical documentation submitted for review does not indicate that the injured worker has undergone either of these surgical interventions. Therefore, the use of a continuous passive motion unit would not be supported. As such, the requested continuous passive motion device for 30 days is not medically necessary or appropriate.