MAXIMUS Federal Services

Case Number:	CM13-0065237		
Date Assigned:	01/03/2014	Date of Injury:	05/30/2012
Decision Date:	05/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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:

This 52-year-old male driver/laborer sustained an industrial injury on 5/30/12. He was helping lift a tree trunk, when he felt a pain and a pop in his right knee. The 7/11/12 right knee MRI documented horizontal and vertical tears of the posterior horn of the medial meniscus, with a small to moderate amount of joint effusion. Conservative treatment included analgesic medications, NSAIDs, physical therapy, work restrictions, injections, and topical analgesics. The 10/16/13 right knee MRI documented inhomogeneous anterior cruciate ligament suggestive of re-injury, type V posteromedial meniscal tear aggravated by moderate suprapatellar bursal effusion, and mild medial collateral ligament sprain. The 11/13/13 /treating physician report cited constant right knee pain radiating to the right thigh. Therapy was reported not helpful and the patient did not want another injection. Right knee exam findings documented 0 to 110 Final Determination Letter for IMR Case Number CM13-0065237 3 degrees range of motion, positive crepitus, positive McMurray's, and tenderness to palpation over the medial joint line. The diagnosis was right knee meniscal tear, capsular sprain, and patellofemoral pain syndrome. Surgery was requested to include right knee diagnostic and operative arthroscopy for partial medial meniscectomy and debridement. Additional requests for cold unit, TENS unit, post-op physical therapy and medications were submitted. The 11/21/13 utilization review certified the surgical procedure and post-op physical therapy. The DME requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD UNIT: 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) Knee & Leg, Continuous Flow Cryotherapy; Cold Compression.

Decision rationale: The Expert Reviewer's decision rationale: Under consideration is a request for a cold unit. The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous flow cryotherapy may be recommended as an option for post-operative use, up to 7 days Guidelines also state that the available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance in the outpatient setting. Guidelines further state that there are there are no published high quality studies on the combined cold systems. Guidelines have not been met. There is no compelling reason to support the use of a cold therapy system beyond 7 days for this patient in the absence of support for cold compression and limited short-term support for continuous flow cryotherapy. Therefore, this request for a cold unit is not medically necessary.

TENS UNIT FOR 14-DAYS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Postoperative Pain Page(s): 116-117.

Decision rationale: The Expert Reviewer's decision rationale: Under consideration is a request for TENS unit rental for 14 days. The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guidelines have not been met. Knee surgery is planned. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient is intolerant or unresponsive to pain medications. Therefore, this request for a TENS unit rental for 14 days is not medically necessary.