

Case Number:	CM13-0070902		
Date Assigned:	01/08/2014	Date of Injury:	08/13/2009
Decision Date:	07/18/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 40-year-old male with a reported date of injury on 08/13/2009. The injury reportedly occurred when the injured worker was putting some empty bottles in a pail; his coworker, who was driving the company truck, clipped his right foot from behind with the truck. His diagnoses were noted to include right knee medial/lateral meniscus tear, major synovitis, chondromalacia grade 2 of the medial femoral condyle, and chondromalacia grade 2 of the lateral tibial plateau. His previous treatments were noted to include surgery, physical therapy, and medications. The physical examination performed on 03/14/2012 reported the injured worker was able to fully extend and bend his right knee to 115 degrees. The injured worker was ambulating with an antalgic gait using a Cam walker for comfort. The request for authorization was not submitted within the medical records. The request is for retrospective rental of Pro-Tech multi stim unit, electrodes, batteries, retrospective Victory Therapy System, retrospective purchase of a KO, adjustable knee joints, positional orthosis, and retrospective crutches underarm aluminum for postoperative needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE RENTAL OF PRO-TECH MULTI STIM UNIT, ELECTRODES, BATTERIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114, 116 Page(s): 114, 116.

Decision rationale: The injured worker had surgery on 03/01/2012. The California Chronic Pain Medical Treatment Guidelines state electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The transcutaneous electrical nerve stimulation (TENS) unit is recommended as a treatment option for acute postoperative pain in the first 30 days post surgery. The TENS appears to be the 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. The injured worker had surgery on 03/01/2012 and it is past the 30 day postoperative recommendation. The request as submitted did not provide the date of service to be reviewed for. The guidelines also state the electrotherapy unit is not effective, has less effect, or is not at all effective for other orthopedic surgical procedures other than mild to moderate thoracotomy pain. The criteria for the use of the TENS unit is evidence of other appropriate pain modalities have been tried and failed, a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach). There is a lack of documentation regarding the use of a Pro-Tech multi stim unit including batteries and electrodes, in adjunct with a treatment modality within a functional restoration approach. The request as submitted failed to indicate the length of the rental being requested. Therefore, the request is not medically necessary.

RETROSPECTIVE VICTORY THERAPY SYSTEM: 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 Transcutaneous electrotherapy, page 114, 116; Low-Level Laser Therapy (LLLT), page 57 Page(s): 114, 116, 57. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg, Continuous-flow Cryotherapy.

Decision rationale: According to California MTUS Guidelines, the TENS unit is recommended as a treatment option for acute postoperative pain in the first 30 days post surgery. The transcutaneous electrical nerve stimulation unit appears to be the 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. Infrared therapy is not recommended by California MTUS Guidelines given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. The Official Disability Guidelines recommend continuous-flow cryotherapy after surgery, but not for nonsurgical treatment. Postoperative use generally may be

up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy unit have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injury has not been fully evaluated. The injured worker had surgery 03/01/2012 and the guidelines recommend cryotherapy postoperative in the first 7 days. The request failed to provide which Victory System (hot/cold) is to be utilized. The guidelines also do not recommend the use of passive modalities. Therefore, the request is not medically necessary.

RETROSPECTIVE PURCHASE OF KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS ACOEM guidelines state injured workers with acute ligament tears, strains or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after a return to work. A brace can be used for patellar instability, anterior cruciate ligament, tear, or medical collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the injure worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average injured worker, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There is a lack of documentation regarding physical therapy at this time as well as the need for a knee brace since his surgery was in 2012. Therefore, the request is not medically necessary.

RETROSPECTIVE CRUTCHES UNDERARM ALUMINUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee and Leg, Walking aids.

Decision rationale: The Official Disability Guidelines state that most injured workers with knee pain possess a walking aid. The guidelines state disability, pain, and nature of the impairment seem to determine the need for a walking aid. The guidelines also state non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has an additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole decreases non-steroidal anti-inflammatory drug intake. The documentation provided noted the injured worker was using a Cam walker as a walking aid

postoperatively and there was a lack of documentation provided indicating the Cam walker was not adequately able to assist the injured worker's ambulation to support the necessity of the requested crutches. As such, the request is not medically necessary.