

<b>Case Number:</b>	CM13-0071249		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of October 19, 2011. A Utilization Review was performed on December 3, 2013 and recommended non-authorization of Cool Care Therapy unit and Surgi-Stim Unit x 90 days rental. There is also a note that the patient is scheduled for a right knee arthroscopy and assisted PCL reconstruction. A Progress Report dated November 20, 2013 identifies Subjective Complaints of right knee pain, weakness, difficulty standing/walking. The objective findings identify right knee tender at patellofemoral, medial joint line, lateral joint line and patellofemoral swelling. The patient has a positive McMurray's test. Diagnoses identify right knee sprain/PFA, R/O internal derangement. The treatment Plan identifies pending surgical authorization right knee scope - assisted PCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COOL CARE THERAPY UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.

**Decision rationale:** Regarding the request for Cool Care Therapy Unit, California MTUS does not address the issue. Official Disability Guidelines supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the patient was certified for arthroscopy and PCL of the right knee. However, a specified duration of use is not indicated (making this an open ended request) and a modification to this request cannot be made. In light of the above issue, the currently requested Cool Care Therapy Unit is not medically necessary.

**90 DAY RENTAL OF A SURGI-STIM UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** Regarding the request for a 90 day rental of a Surgi-Stim Unit, this is a combination electrical stimulation unit which includes transcutaneous electrical nerve stimulation (TENS), interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines go on to state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient has failed a TENS unit trial as recommended by guidelines prior to an interferential unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of galvanic stimulation or neuromuscular stimulation. As such, the currently requested 90 day rental of a Surgi-Stim Unit is not medically necessary.