

Case Number:	CM14-0006815		
Date Assigned:	02/07/2014	Date of Injury:	12/13/2011
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/15/2014

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 patient is an employee of [REDACTED] and has submitted a claim for right hip, low back, and bilateral knee pain associated with an industrial injury date of December 13, 2011. Treatment to date has included medications, knee brace, and left knee arthroplasty (April 30, 2013). Medical records from 2013 were reviewed, which showed that the patient complained of dull to sharp pain in the right hip, lower back, and bilateral knees. On physical examination, there was limited range of motion of bilateral knees with the patellae tracking normally from flexion to extension. Anterior drawer, Lachman, and McMurray tests were normal. There was good stability to varus and valgus stress. There was no patellar crepitation. Patellar compression test was negative. There was bilateral swelling of the knees with tenderness of the popliteal fossa and the lateral posterior corner bilaterally. Utilization review from December 18, 2013 modified the request for post-op physical therapy 12 sessions for the left knee to post-op physical therapy 6 visits for the left knee to allow for the demonstration of functional improvement. The same review denied the request for post-operative DME: cold therapy unit for the left knee and post-op DME: electrical stimulator unit for the left knee because guideline criteria have not been met. The same review certified the request for arthroscopy of the left knee with lateral release and medial capsular repair and modified Fulkerson osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE DME: COLD THERAPY UNIT FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: The Knee and Leg.

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

Decision rationale: The California MTUS does not specifically address cold therapy units. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. The Official Disability Guidelines (ODG) states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, there was no discussion regarding the indication for a cold therapy unit for a non-specific duration. ODG Guidelines do not recommend the use of this device for longer than 7 days. Therefore, the request for post-operative, cold therapy unit is not medically necessary and appropriate.

POST-OPERATIVE PHYSICAL THERAPY, 12 SESSIONS FOR THE LEFT KNEE:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines referenced by the California MTUS, post-surgical physical medicine treatment for patellar dislocation involves 12 visits over 12 weeks. In this case, the contemplated procedure is arthrotomy of the left knee with lateral release and medial capsular repair and modified Fulkerson osteotomy for patellar dislocation, therefore, 12 post-operative physical therapy sessions may be warranted. The request for post-operative physical therapy, 12 sessions for the left knee is medically necessary and appropriate.

ELECTRICAL STIMULATOR UNIT FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: The Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended as a treatment

option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain but has been shown to be of lesser effect or not at all for other orthopedic procedures. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. In this case, there was no discussion regarding the indication for a TENS unit post-operatively. Moreover, the present request failed to indicate whether this would be a purchase or a trial of the unit. Therefore, request for electrical stimulator unit for the left knee is not medically necessary and appropriate.