MAXIMUS Federal Services

Case Number:	CM14-0101564		
Date Assigned:	09/16/2014	Date of Injury:	09/15/2013
Decision Date:	10/20/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of September 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and reported consultation with a knee surgeon, who apparently endorsed knee surgery. In a Utilization Review Report dated June 16, 2014, the claims administrator apparently denied a request for a continuous passive motion device 14-day rental and a [redacted] unit 90-day rental. In an April 20, 2014 Request for Authorization Form, an arthroscopic evaluation, arthroscopic partial medial and lateral meniscectomy, chondroplasty, debridement, preoperative clearance, continuous passive motion device, and [redacted] unit, and 90-day continuous cooling device were sought. In a progress note of the same date, April 20, 2014, the applicant was asked to remain off of work, on "disability status." 7/10 pain was noted. It was stated that the applicant was an excellent surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) for 14 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 18th Edition Web 2013, Treatment in Workers Compensation, Knee-Continuous Passive Motion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MTUS does not address the topic of continuous passive motion devices. While the Third Edition ACOEM Guidelines, Postoperative Rehabilitation section notes that continuous passive motion may be useful for select, substantially physically inactive applicants postoperatively total knee arthroplasty surgery, in this case, however, there is no evidence that the applicant is a substantially inactive or immobile applicant. The applicant, furthermore, is undergoing a more minor knee arthroscopic meniscectomy-chondroplasty procedure. The applicant, thus, does not appear to be an appropriate candidate for postoperative usage of a continuous passive motion (CPM) device. Therefore, the request is not medically necessary.

[redacted] **Unit for 90 days:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Postoperative Pain, Galvanic Stimulation, Neuromuscular Electrical Stimulation Page(s): 11. Decision based on Non-MTUS Citation http://www.vqorthocare.com/products/orthostim-4-surgistim-4/

Decision rationale: Per the product description, the [redacted] device is an amalgam of four separate transcutaneous electrotherapy devices, including high-voltage pulse current stimulation (AKA galvanic stimulation), neuromuscular electrical stimulation, interferential stimulation, and pulse direct current stimulation. Several of these modalities, however, carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For instance, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation or NMES is not recommended outside of the post stroke rehabilitative context. In this case, there is no evidence that the applicant sustained a stroke. Similarly, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation is not recommended and considered investigational for all purposes. Finally, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that transcutaneous electrotherapy is a treatment option for acute postoperative pain in the first 30 days post surgery. The attending provider's request, however, is for postoperative usage of the device for 90 days, i.e., in an amount three times MTUS parameters. Since multiple components of the request are not recommended and/or do not conform to MTUS parameters, the request is not medically necessary.