

Case Number:	CM14-0022060		
Date Assigned:	05/09/2014	Date of Injury:	09/30/2013
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine and Rehabilitation 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 patient is a 45 year old male with a date of injury of 09/30/2013. Per a treating physician's report 01/10/2014, the patient presents with chronic left knee pain following a twisting type injury, has had persistent left knee pain, swelling, stiffness, and weakness. An MRI demonstrates left medial meniscal tear. The patient has failed aggressive conservative management including physical therapy, oral medications, and passage of time. The patient continues to experience 6/10 to 7/10 pain. The listed diagnosis was left medial meniscal tear confirmed on MRI. Recommendation was for arthroscopic evaluation and partial medial meniscectomy, chondroplasty, and debridement. Recommendation was for CPM 14 days postoperative and Surgi-Stim unit for 90 days followed by purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CONTINUOUS PASSIVE MOTION (CPM) DEVICE FOR 14 DAYS: 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).

Decision rationale: This patient presents with chronic left knee pain with meniscal tear. The patient is being scheduled for left knee arthroscopic surgery to repair meniscal tear and for diagnostic arthroscopy. The treating physician has asked for CPM device rental for 14 days. The ODG recommend the use of CPM for total knee arthroscopy, ACL reconstruction, and open reduction internal fixation of fracture involving the knee joint. This patient does not present with any of these conditions. Therefore, the request is not medically necessary and appropriate.

SURGI STIM UNIT FOR 90 DAYS, THEN PURCHASE: 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 Page(s): 118-120.

Decision rationale: This patient is being scheduled for left knee meniscectomy surgery. The treating physician has asked for Surgi-Stim unit for 90-day rental followed by purchase. The MTUS Chronic Pain Guidelines supports postoperative use of interferential units but recommends it for 30-day rental trial to study the effects and benefits. In this case, the treater has asked for 90-day rental followed by purchase which is not supported by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.