

Case Number:	CM14-0041237		
Date Assigned:	07/07/2014	Date of Injury:	05/16/2011
Decision Date:	09/09/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This is a 58-year-old female who was injured on 05/16/11. Clinical records for review indicate an injury to the right knee for which this individual has been certified for surgical process to include a right knee arthroscopy, subcutaneous lateral retinacular release with medial capsular assessment. There are current requests for twelve sessions of postoperative physical therapy, a seven day rental of a cryotherapy device and a fourteen day rental of a electrical stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-op physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of therapy would be indicated. Guidelines states "Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks." Following the lateral retinacular release, guidelines would support up to twelve sessions of therapy in the postoperative setting. The request for twelve sessions would satisfy guideline criteria and would be supported.

Cold Therapy Unit, 7 day rental: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, pages 337-339 and on the Non-MTUS Official Disability Guidelines (ODG); Official Disability Guidelines, knee procedure, Continuous-flow cryotherapy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, a seven day use of a cryotherapy device also would be supported. Guidelines support the use of postoperative therapy in the acute inflammatory setting with specific parameters for a cryotherapy device as indicating their need for up to seven days including home use. The requested seven day rental of the above device would thus be medically necessary.

Electric stim unit x 14 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; MTUS Chronic Pain:MTUS Chronic Pain p 116. TENS, post operative pain Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. Transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. (Solak, 2007) Page(s): 116.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would support the use of 14 days use of a stimulator device. Guidelines states, " TENS devices in the postoperative setting are recommended as an option for acute postoperative pain for up to 30 days." The request for 14 days use would satisfy guideline criteria and would be indicated.

