

<b>Case Number:</b>	CM14-0041498		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/11/2005
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopaedic 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 60-year-old female sustained an industrial injury on 3/11/05, when a case of batteries fell on her left hand and wrist while she was standing on a ladder. She sustained a left wrist fracture which was treated non-operatively. She underwent bilateral shoulder surgery and left total knee replacement. Records indicated that a right total knee replacement was approved and pending. The 2/4/14 request form included a Kneehab/ transcutaneous electrical nerve stimulation (TENS) unit with conductive garment and supplies for 4 months use to treat quadriceps disuse atrophy. An intermittent limb compression device for deep vein thrombosis prophylaxis was recommended for an indeterminate period. The 3/3/14 utilization review denied the request for one Kneehab unit and associated supplies based on an absence of clinical efficacy via controlled clinical trials. The request for intermittent sequential cold compression unit was partially certified for 7 days use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kneehab Unit, Kneehab conductive garment, Kneehab supplies x4 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Note for Surgistim/Orthostim, page(s) 120-127 Page(s): 120-127. Decision based on Non-MTUS Citation Non-MTUS Chronic Pain Revised Chapter 6 - NMES (Neuromuscular Electrical Stimulation Devices), page 127.

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

**Decision rationale:** The Kneehab unit is a combination electrical stimulation unit, combining electrical muscle stimulation (EMS) and TENS. The California MTUS guidelines for transcutaneous electrotherapy support the use of NMES in rehabilitating upper extremity muscles following stroke, as part of a comprehensive physical therapy program. The guidelines support limited use of TENS unit in the post-operative period for up to 30 days. The guideline criteria have not been met. This device has been prescribed for quadriceps atrophy and post-operative use. Clinical efficacy is noted for upper extremity disuse atrophy but not lower extremity atrophy. The request for 4 months exceeds guideline recommendations for TENS unit use in the post-operative period. Therefore, this request for a Kneehab Unit, Kneehab conductive garment, and Kneehab supplies for 4 months is not medically necessary.

**Intermittent sequential cold compression therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy units.

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

**Decision rationale:** The California MTUS is silent regarding cold compression therapy for deep vein thrombosis prophylaxis. The Official Disability Guidelines recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. Guidelines indicate mechanical compression should be utilized for both total hip and knee arthroplasty for all patients in the recovery room and during the hospital stay. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. The 3/3/14 utilization review partially certified the intermittent sequential cold compression unit for 7 days use consistent with guidelines. There is no compelling reason in the medical records to support the medical necessity of this device beyond 7 days use already certified. Therefore, this request for an intermittent sequential cold compression therapy unit is not medically necessary.