

Case Number:	CM14-0051984		
Date Assigned:	07/07/2014	Date of Injury:	02/22/2012
Decision Date:	12/04/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Surgeon and Pain Medicine and is licensed to practice in Texas and Virginia. 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 injured worker is a 56-year-old male who reported an injury on 02/22/2012 due to an unknown mechanism. Physical examination dated 04/02/2014 revealed that the injured worker was status post left knee sprain/strain, status post left knee anterior cruciate ligament reconstruction with allograft, partial medial and partial lateral meniscectomy performed on 04/12/2012. The injured worker had an MRI on 02/26/2013 that confirmed left knee medial meniscus re-tear. The injured worker was recommended surgery and preoperative medical clearance evaluation, a course of supervised postoperative rehabilitative therapy, and postoperative provision of a SurgiStim unit and a Coolcare cold therapy unit. It was reported that they should be a part of an overall assessment of the patient's current diagnoses, disability status, and need for care. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative DME surgical stimulator unit for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS , NMES, Interferential Current Stimulation Page(s): 114-116, 121, 118.

Decision rationale: The decision for postoperative DME surgical stimulator unit for 90 days is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention and galvanic stimulation is considered investigational for all indications. It is characterized by high voltage, pulse stimulation and is used primarily for local edema reduction through muscle pumping and polarity effect and it is not recommended. The clinical documentation submitted for review does not provide evidence to support the use of a surgical stimulator unit. There is a lack of documentation of an objective examination of the injured worker. The medical guidelines do not support the use of a surgical stimulator unit. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.