

Case Number:	CM14-0065200		
Date Assigned:	07/11/2014	Date of Injury:	11/04/2011
Decision Date:	08/14/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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:

According to the records made available for review, this is a 67-year-old male with an 11/4/11 date of injury. At the time of the decision for Interferential (IF) unit, cold compression unit, and continuous passive motion (CPM) machine, there is documentation of subjective (persistent pain) and objective (popping, catching and locking of the knee; tenderness about the left knee and crepitation with range of motion testing; ranges of motion are limited to 0-90 degrees; joint line tenderness; positive McMurray's) findings. His current diagnosis is osteoarthritis, and treatment to date includes physical therapy, cortisone injection, viscosupplementation, and medication. In addition, there is documentation that left total knee replacement has been certified. Regarding cold compression unit and CPM machine, there is no documentation of the requested length of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Interferential current therapy (IFC).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness, except in conjunction with recommended treatments; including return to work, exercise and medications; and limited evidence of improvement on those recommended treatments alone. ODG identifies that interferential current therapy is under study for osteoarthritis and recovery of post knee surgery. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Cold compression unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: ACOEM Guidelines identifies patient's at-home applications of cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG Guidelines identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis. In addition, there is documentation that left total knee replacement has been certified. However, there is no documentation of the requested length of treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

CPM Machine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM).

Decision rationale: ODG Guidelines identifies documentation of any of the following surgeries; total knee arthroplasty, anterior cruciate ligament reconstruction, open reduction and internal fixation of tibial plateau, or distal femur fractures involving the knee joint; as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of osteoarthritis. In addition, there is documentation that left total knee replacement has been certified. However, there is no documentation of the requested length of treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.