

Case Number:	CM14-0084982		
Date Assigned:	07/23/2014	Date of Injury:	08/01/2013
Decision Date:	09/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a work related injury. A Utilization Review determination dated 5/30/14 recommends non-certification of CPM rental x 14 days and SurgiStim x 90 days. Cold therapy unit was modified from 90 days to 7 days. On 7/16/14, the patient underwent Right Knee Arthroscopic Meniscectomy, Medial Plica Resection, Synovectomy, and Chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of CPM x 14 days: Upheld

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

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

Decision rationale: Regarding the request for CPM, California MTUS does not address the issue. ODG recommends postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), after total knee arthroplasty, anterior cruciate ligament

reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Within the information made available for review, the patient underwent surgery, but none of the procedures cited above were performed and there was no clear rationale presented for its use after Arthroscopic Meniscectomy, Medial Plica Resection, Synovectomy, and Chondroplasty. In the absence of such documentation, the currently requested CPM is not medically necessary.

Surgi-stim unit 90 days: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page Page(s): 114-121 of 127.

Decision rationale: Regarding the request for SurgiStim unit, it is a multimodality unit combining interferential stimulation, galvanic/high-volt pulsed current stimulation, and NMES. California MTUS cites that, for postoperative use, interferential stimulation is indicated when significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. That cannot be predicted preoperatively and, within the documentation available for review, there is no documentation of the above postoperatively. Additionally, galvanic stimulation is not supported by the CA MTUS and NMES is noted to be used primarily as part of a rehabilitation program following stroke. In light of the above issues, the currently requested SurgiStim unit is not medically necessary.