MAXIMUS Federal Services

Case Number:	CM14-0085253		
Date Assigned:	07/23/2014	Date of Injury:	06/18/2013
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
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 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 67-year-old female family service counselor sustained an industrial injury on 8/18/13. The injury occurred when her left foot got caught in a loose grate and she fell forward onto her outstretched hands. The 2/27/14 right knee MRI documented tri-compartment osteoarthritis, anterior cruciate ligament tear, and medial and lateral meniscus tears.The 3/28/14 orthopedic report cited intractable right knee pain with significant loss of function. Examination of the right knee documented mild antalgic gait using a cane, medial joint line tenderness, normal alignment, and full painless range of motion. There was no instability. Orthopedic testing was negative. Lower extremity strength was 5/5. The patient was unable to toe-walk or perform a full squat. The patient had been unresponsive to non-surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit ART 7 day rental: 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 Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Cold packs, Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines state that continuous flow cryotherapy is an option after knee surgery for up to 7 days. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. The California MTUS guidelines indicate that TENS units may be an option for the post-operative patient, but there is limited support for use following orthopedic surgical procedures. There is no support for other forms of electrical stimulation following orthopedic surgery. Guideline criteria have not been met. There is no support for the use of an electrical stimulation unit following shoulder surgery. There is no documentation that standard pain medications would not be effective or tolerated. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.

CPM Continuous Passive Motion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS does not provide recommendations for this device following knee arthroscopy. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients who have undergone primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. Pre-operatively, the patient was reported with full range of motion. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request is not medically necessary.