MAXIMUS Federal Services

Case Number:	CM14-0016172		
Date Assigned:	04/14/2014	Date of Injury:	04/29/2013
Decision Date:	02/11/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/08/2014

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 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 is a 30 year old female with a 4/29/13 date of injury while pushing a dolly striking her right knee. The patient was seen on 12/16/14 for right knee pain which she states was improving post operatively, which she had done several months prior. Exam findings of the right knee revealed well healed surgical portholes and normal stress testing.Which she rated a 5/10. Treatment to date has included medications, surgery, physical therapy, and Hylagan injections. The diagnosis is tear of the medial meniscus status post arthroscopic surgery.The UR decision dated 1/24/14 denied the request for the electrical stimulation unit. The post op cold therpay unit was modified to a 7 day rental. The Electrical stimulation unit was denied as they have not been shown to be helpful for post operative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Post OP cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC KNEE PROCEDURE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Carpal Tunnel Syndrome Chapter); Peer-reviewed literature (A randomized prospective study to assess the efficacy of two cold-therapy treatments following carpal tunnel release).

Decision rationale: CA MTUS does not specifically address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Specifically, peer-reviewed literature concludes that after carpal tunnel surgery, the use of continuous flow cryotherapy, compared with traditional ice therapy, provides patients with greater comfort and lessens the need for narcotics. The patient is already status post surgery for several months and the UR decision modified the request to a 7-day continuous flow cryotherapy which is reasonable. It is unclear why the patient requires additional cryotherapy at this time. Therefore, the request for DME post op cold therapy unit as submitted was not medically necessary.

DME Post OP electrical stim unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC KNEE AND LEG PROCEDURE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: CA MTUS states that TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, transcutaneous electrical nerve stimulation (TENS) appears to be most effective for mild to moderate thoracotomy pain. TENS units were shown to be of lesser effect, or not at all, for other orthopedic surgical procedures. This patient had arthroscopic surgery of the right knee. TENS units have not been shown to be helpful for postoperative pain. In addition, her surgery was several months ago and she reports improvement in pain and function since the surgery. Hence it is unclear what the rational of this unit is at this time. Therefore, the request for a postoperative electrical stimulation unit was not medically necessary.