

<b>Case Number:</b>	CM14-0186533		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational Medicine and is licensed to practice in Colorado. 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 61-year-old male who sustained a right knee injury on 8/26/2014. The worker underwent a right knee arthroscopic meniscectomy surgery on October 17, 2014. The request for possible as cold therapy and electrical muscle stimulator appear associated with post-surgical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Hot/Cold Therapy Unit with a pad/wrap:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold Number: 0297 [http://www.aetna.com/cpb/medical/data/200\\_299/0297.html](http://www.aetna.com/cpb/medical/data/200_299/0297.html)

**Decision rationale:** Passive cold compression therapy units are medically necessary DME to control swelling, edema, hematoma, hemarthrosis and pain. In contrast to mechanically circulating hot/cold treatment devices, hot/cold therapeutic wraps/pads are considered medically

appropriate treatment modalities following surgery. Therefore, the request for the hot/cold therapy pad/wrap is considered medically necessary and appropriate.

**1 month rental of EMS Unit, Electrodes x 2 packs, batteries x 2, setup and delivery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Functional Electrical Stimulation and Neuromuscular Electrical Stimulation Number: 0677  
[http://www.aetna.com/cpb/medical/data/600\\_699/0677.html](http://www.aetna.com/cpb/medical/data/600_699/0677.html)

**Decision rationale:** Neuromuscular electrical stimulators (NMES or EMS) are medically necessary DME for disuse atrophy where the nerve supply to the muscle is intact following major knee surgery, when there is failure to respond to physical therapy. In this case, there is insufficient documentation of persistent disuse muscle atrophy following major surgery secondary to a failure to respond to physical therapy. Therefore, the request for the electrical muscle stimulator unit is not considered medically necessary or appropriate.