

Case Number:	CM14-0187346		
Date Assigned:	11/17/2014	Date of Injury:	09/07/2010
Decision Date:	01/06/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 9/7/2010 when he fell, twisting his knee. Prior treatment has included right ACL repair 2001 and 2002, arthroscopic surgery x 2 in 2011 and recent right partial medial meniscectomy. The requests are for 30 day rental of cold therapy unit, 90 day home rental of a continuous passive motion machine and a 90 day rental of surgical stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Day Rental of a Cold Therapy 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 (ODG), Treatment Index, 11th Edition (web), 2014, knee & leg, Continuous passive motion (CPM), Continuous-flow cryotherapy

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, Continuous flow cryotherapy

Decision rationale: The ACOEM chapter on knee complaints does recommend ice or for treatment of knee pain. ACOEM is clear that the home application of simple hot or cold packs by

the patient is as effected as those performed by a therapist. ODG section on knee states that continuous flow cryotherapy is indicated for short term (up to 7 days, including home use) use after surgery but is not indicated for non surgical treatment. In this case the request is for 30 day rental of a cold therapy unit for use after surgery. The original UR request was modified to approve 7 days of use of cold therapy unit. The request for 30 days of use is not medically indicated.

90 Day Rental of Home Continuous Passive Motion 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 (ODG), Knee & Leg, Continuous Passive Motion (CPM), Continuous Flow Cryotherapy

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

Decision rationale: CA MTUS is silent on the use of continue passive motion (CPM). ODG section on knee states that the benefit of CPM over traditional PT may be small and that home use of CPM has minimal benefit. Criteria for the use of continuous passive motion devices:In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary)(2) Anterior cruciate ligament reconstruction (if inpatient care)(3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005)For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:(1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with:(a) complex regional pain syndrome;(b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral inability to participate in active physical therapy.(2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies.In this case, the arthroscopic medial meniscectomy does not qualify for use of CPM and the 90 day period of rental exceeds the recommended use even in case where use might be of benefit. 90 day rental of home CPM machine is not medically indicated.

90 Day Rental of a Surgical Stimulator 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 (ODG), Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 121.

Decision rationale: CA MTUS does not recommend use of a neuromuscular electrical stimulation device for chronic pain. Such devices may be part a rehabilitation program after

stroke but there are no studies indicating any efficacy in managing chronic pain. In this case, the medical records provide no documentation that there is any functional improvement from the use of this device. The request for 90 day rental of surgical stimulator is not medically necessary.