

<b>Case Number:</b>	CM14-0195649		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 date of injury of 12/11/12. A utilization review determination dated 11/14/14 recommends non-certification of crutches, cold therapy unit purchase, and NMES unit. No current medical reports were included for review. A 4/2/14 medical report identifies pain 9/10 with occasional buckling. On exam, there was tenderness, swelling, crepitus, and positive McMurray's. Normal strength was noted. There was a recommendation for arthroscopy of right knee with synovectomy, chondroplasty, removal of loose bodies, fascial sheath injection, cold flow therapy, mobi crutches, kneehab NMES unit to treat disuse atrophy over large surface area, and postoperative PT x 12 visits. There is no indication that the surgery has been authorized and/or performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches for the Right Knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** Regarding the request for crutches, CA MTUS does not address the issue. ODG does support the use of walking aids such as crutches for patients with knee pain. Within the documentation available for review, it appears that the crutches are being requested for use after knee surgery, but there is no indication that the surgery has been authorized and/or performed. In the absence of clarity regarding the above issues, the currently requested crutches are not medically necessary.

**Kneehab Neuromuscular Electrical Stimulation (NMES) unit for the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for NMES unit, CA MTUS states that neuromuscular electrical stimulation is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the provider notes that the request is made to treat disuse atrophy, but that is not consistent with the exam findings of normal muscle strength. In light of the above issues, the currently requested NMES unit is not medically necessary.

**Cold Therapy unit for the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy

**Decision rationale:** Regarding the request for cold therapy unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, there is no indication that knee surgery has been authorized and/or performed. Furthermore, the request for purchase exceeds the recommendations of ODG for up to 7 days of use and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested cold therapy unit is not medically necessary.