

Case Number:	CM15-0005276		
Date Assigned:	01/16/2015	Date of Injury:	09/21/2010
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 46 year old female with an industrial injury dated 9/24/2010. The diagnoses included left total knee replacement for progressive degenerative joint disease 10/15/2014, lumbar spinal strain, left hand degenerative joint disease, cervical degenerative joint disease and right ankle, rule out ligamentous derangement. The diagnostics included x-rays. Exam note 10/9/14 demonstrates complaints of constant left knee pain. Exam demonstrates tenderness along the medial joint line and lateral joint line with range of motion from 0-110 degrees. The treatments were medications, physical therapy injections and left total knee replacement. The UR determination denied request on 12/12/2014 for: 1. Knee continuous passive motion (CPM) device x 21 days modified to 10 days citing ODG/Knee Complaints. 2. Soft Goods lower extremity CPM (approved). 3. DJ ROM Brace with ice modified to a standard prefab brace, cited. ACOEM, Knee and ODG/Knee Complaints. 4. EMPI Phoenix Electrotherapy System, citing ACOEM and ODG/Knee Complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee CPM for 21 Days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 ODG Knee and Leg, CPM

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have been met the determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

DJ Rom Hinged Brace with ice: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam note of 10/9/14 demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

EMPI Phoenix Electrotherapy System: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including

medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 10/9/14 to warrant a TENS unit. Therefore the determination is for non-certification.