

Case Number:	CM15-0162781		
Date Assigned:	08/31/2015	Date of Injury:	03/09/2014
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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: Illinois, California, Texas
 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:

This injured worker is a 24-year-old female sustained an industrial injury on 3/9/14. Injury occurred relative to a trip and fall onto her hands and knees. Conservative treatment included bracing, crutches, chiropractic, acupuncture, medications, and activity modification. The 3/19/14 left knee MRI documented a 1 to 2 mm lateral meniscus tear, and a small Baker's cyst. The 7/6/14 treating physician report cited grade 7/10 left knee pain. Left knee exam documented range of motion 10-90 degrees, medial and lateral patellar facet tenderness, patellar tendon tenderness, lateral joint line tenderness, and positive lateral McMurray's sing. Left knee muscle strength was 5/5. There was abnormal passive patellar translation and tilt. Current diagnoses included left knee lateral meniscus tear and left knee sprain/strain. The treatment plan recommended left knee arthroscopy with partial medial meniscectomy, chondroplasty and debridement and associate surgical services. Authorization was requested for a Surgi-Stim unit for 90 days. The 8/12/15 utilization review non-certified the request for Surgi-Stim unit for 90 days as there was no evidence based medical guideline support for the use of this device in the post-operative management of the cited injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: surgi-Stim Unit, 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Chronic Pain Disorder Medical Treatment Guidelines adopted by the state of Colorado.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The Surgi-Stim unit provides a combination of interferential current, neuromuscular electrical stimulation (NMES), and galvanic current. The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of NMES in the treatment of chronic pain. Galvanic stimulation is considered investigational for all indications. Guidelines suggest that interferential current is not recommended as an isolated intervention. Patient selection criteria is provided if interferential stimulation is to be used despite lack of guideline support and includes ineffective pain control due to diminished effectiveness of medications, intolerance of medications, history of substance abuse, post-operative pain limiting functional ability, and failure to respond to conservative measures. Guideline criteria have not been met. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. Therefore, this request is not medically necessary.