

Case Number:	CM15-0163146		
Date Assigned:	08/31/2015	Date of Injury:	12/24/2013
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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, Oregon, Washington
 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 53-year-old female who sustained an industrial injury on December 24, 2013 resulting in right knee pain. Diagnoses include right knee sprain, and right knee ligament and medial meniscus tear. Documented treatment has included physical therapy, home exercise, and anti-inflammatory medication, which the July 6, 2015 physician's request for authorization states has failed to provide improvement. The injured worker continues to report increasing knee pain including grinding and instability when walking. The treating physician's plan of care includes right knee surgery including post-surgical 14 day trial of a home continuous passive motion device, 9 days of a surgi-stimulation unit, and a Coolcare cold therapy unit. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Home continuous passive motion (CPM) device for an initial period of 14 days: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 not been met, the determination is for non-certification. CA MTUS/ACOEM is silent on the use of CPM after manipulation under anesthesia. ODG Knee is referenced. Inpatient CPM is indicated after revision TKA and sometimes after total knee arthroplasty. Outpatient use is recommended for low ability to comply with an exercise program from physical, mental or behavioral reasons or when excessive fibrosis exists. This patient is having neither a total knee arthroplasty nor a manipulation under anesthesia and thus the recommendation is for non-certification.

Associated surgical services: Surgi-Stim unit for initial period of 90 days: 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 Interferential Current Stimulation Page(s): 118-119.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues". As there is insufficient medical evidence regarding use in this clinical scenario, the determination is for non-certification. CA MTUS/ACOEM Chapter 13, Knee complaints, page 339 states that, "some studies have shown that transcutaneous electrical neurostimulation (TENS) units and acupuncture may be beneficial in patients with chronic knee pain, but there is insufficient evidence of benefit in acute knee problems." Therefore the decision to prescribe a TENS unit in the immediate, acute, postoperative setting is not supported by the guidelines above and determination is for non-certification.

Associated surgical services: Coolcare 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).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request has an unspecified amount of days. Therefore, the determination is for non-certification.