

<b>Case Number:</b>	CM15-0038109		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 50 year old male who sustained an industrial injury on 12/17/2013. His diagnoses, and/or impressions, include: lumbar sprain/strain; and complex tear of the right posterior horn and body of the right medical meniscus, and free edge tear of the lateral meniscus with intact cruciate collateral ligaments. Current magnetic resonance imaging study is noted to have been done on 5/28/2014. His treatments have included consultation for second opinion and instruction to remain off work during conservative treatment, and while awaiting surgery. The progress notes of 12/22/2014, shows a second opinion for persistent right knee pain, despite aggressive conservative management; and that he is an excellent candidate for arthroscopic surgery. The physician's requests for treatments included post-operative rental of a continuous passive motion device to assist in restoring range-of-motion, and rental of a Surgi-Stim unit to help manage post-operative swelling, edema and pain, and muscle re-education.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion (CPM) Device x 14 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 114-116.

**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-Continuous passive motion (CPM).

**Decision rationale:** Continuous Passive Motion (CPM) Device x 14 days is not medically necessary per the ODG. The MTUS Guidelines do not address CPM. The ODG state that the 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: Total knee arthroplasty (revision and primary); anterior cruciate ligament reconstruction (if inpatient care); open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. The ODG states that for home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: 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: complex regional pain syndrome; extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy; revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies.

**Surgi Stim Unit x 90 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Interferential Current Stimulation (ICS) Page(s): 121 and 118-120.

**Decision rationale:** Surgi Stim Unit x 90 days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Surgi Stim is a combination of interferential muscle stimulation and neuromuscular electrical stimulation, not recommended. NMES is used primarily as part of a rehabilitation program following stroke and the MTUS states that it has been used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The documentation does not indicate that the patient has had a stroke. The MTUS states that interferential stimulation is not recommended by the MTUS as an isolated intervention. While not recommended as an isolated intervention, patient selection criteria if Interferential stimulation is to be used anyway: Pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medications due to side effects; history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The documentation does not indicate that the patient meets one of the criteria for an interferential unit. Additionally the request for 90 days exceeds the one month trial recommendation for this unit. The request therefore for a Surgi Stim Unit x 90 days is not medically necessary.

**Coolcare Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**Decision rationale:** Coolcare Cold Therapy Unit is not medically necessary per the MTUS Guidelines and the ODG. The ACOEM MTUS Guidelines state that at-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs can be used. The ODG states that cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The request as written does not indicate a duration of use and the MTUS only recommends this up to 7 days including home use. Without this duration of use the request for Coolcare is not medically necessary.