

<b>Case Number:</b>	CM15-0038161		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/30/2015
<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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 November 15, 2003. She reported an injury to the left knee and has been diagnosed with a left medial meniscus tear. Treatment has included conservative management. Currently the injured worker had decreased range of motion with flexion to the left knee. The treatment plan included surgery (arthroscopic left knee partial medial meniscectomy/chondroplasty/debridement). Request was for post-operative treatments (continuous passive motion device, SurgiStim, and continuous flow cryotherapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative Durable Medical Equipment for left knee: Home continuous passive motion device for 14 days, Surgi Stim unit for 90 days and Coolcare Cold Therapy unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s):

114-116. Decision based on Non-MTUS Citation ODG, Knee and leg section, continuous passive motion (CPM), continuous flow cryotherapy, Cold packs.

**Decision rationale:** The MTUS Guidelines are silent on the subject of continuous passive motion (CPM) devices for postoperative use. The ODG states that it may be recommended for patients at risk of a stiff knee based on demonstrated compliance and measured improvements, but states that the benefits over regular physical therapy may be small. The ODG lists the criteria for hospital setting use as being: 1. Total knee arthroplasty, 2. Anterior cruciate ligament reconstruction, and 3. Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, the ODG suggests up to 17 days duration of use with the following criteria for use: 1. Low postoperative mobility or inability to comply with rehabilitation exercises following total knee arthroplasty or revision (for patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in physical therapy); 2. Revision total knee arthroplasty would be better than primary total knee arthroplasty if #1 applies. In the case of this worker, there was insufficient evidence that a continuous passive motion device was appropriate. There was no indication that she was unable to perform post-operative physical therapy. The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. SurgiStim is a multi-mode device, and there was no indication that more than one modality was to be required over a single modality unit. Also, the request for rental for 90 days in this case is longer than necessary. The MTUS Chronic Pain Guidelines do not address specifically a water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for knee pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute knee pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after knee surgery up to 7 days, but not for nonsurgical treatment. In the case of this worker, the consideration for cryotherapy following surgery is reasonable; however, the request did not include the duration of rental requested. Therefore, considering the Guidelines and evidence from the notes provided, the request for "Post Operative Durable Medical Equipment for left knee: Home continuous passive motion device for 14 days, Surgi Stim unit for 90 days and Coolcare Cold Therapy unit" will be considered medically unnecessary.