

Case Number:	CM15-0045044		
Date Assigned:	03/16/2015	Date of Injury:	02/21/2012
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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:

The injured worker is a 52-year-old male who sustained an industrial injury on 2/21/12. The mechanism of injury was not documented. Conservative treatment had included bracing, home exercise, medications, and work modification. The 9/19/14 right knee MR arthrogram showed a tear of the posterior horn of the lateral meniscus. The 12/4/14 pain management report cited right shoulder, bilateral knee, and low back pain radiating to the lower extremities with associated numbness. Neck pain was reported as improving. Physical examination revealed tenderness over the bilateral knees. Range of motion is decreased with pain. The plan of care and authorization included orthopedic consultation for the bilateral knees. Authorization was requested on 2/11/15 for right knee arthroscopy, preoperative chest x-ray and labs, post-surgery Tylenol with codeine, postoperative physical therapy (2x8), cold therapy unit, and a TENS unit 30 day trial. The 2/11/15 utilization review certified the requests for right knee arthroscopy with lateral meniscectomy, pre-operative chest x-ray and labs, and post-operative Tylenol with codeine #3. The requests for 7-day rental of a cold therapy unit and 30-day rental of a TENS unit were non-certified. The rationale for non-certification noted that meniscectomy was a minor procedure and that the use of a cold therapy device or TENS unit would not be medically necessary. The request for 16 visits of post-operative physical therapy was modified to 6 sessions, consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit 7 day rental: 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); Knee.

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 flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs for the requested meniscectomy. Therefore, this request is not medically necessary.

Post-operative Physical Therapy 2 x week for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 2/11/15 utilization review recommended partial certification of 6 initial post-operative physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of additional care. Therefore, this request is not medically necessary.

TENS Unit 30 day rental: 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); Knee.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guidelines have not been met. The patient was scheduled for knee arthroscopic surgery. 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. Therefore, this request is not medically necessary.