

Case Number:	CM15-0050220		
Date Assigned:	03/23/2015	Date of Injury:	12/22/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, with a reported date of injury of 12/22/2008. The diagnoses include medial meniscus tear and knee joint pain. Treatments to date were not indicated in the medical records provided for review. The progress report dated 02/26/2015 indicates that the injured worker was there to discuss his pre-operative and post-operative surgical instructions. He was scheduled to have a left knee arthroscopy with partial lateral meniscectomy. The objective findings included marked pain with palpation over the lateral joint line, moderate intra-articular effusion, and positive McMurray, Steinmann, Apley Compression, and distraction tests. The treating physician requested the rental of a post-operative interferential (IF) unit and post-operative knee wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op IF Unit 30-day rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 120.

Decision rationale: The patient presents on 02/26/15 for a pre-operative visit for an upcoming left knee arthroscopy. The patient's date of injury is 12/22/08. Patient has no documented surgical history of the left knee. The request is for POST-OP IF UNIT 30 DAY RENTAL. The RFA was not provided. Physical examination dated 02/26/15 reveals marked tenderness to palpation over the lateral joint line, as well as intra-articular effusion. Treater also notes positive McMurray's sign, Steinman's sign, Apley compression test, and distraction tests to the left knee. The patient is currently prescribed Percocet. Diagnostic imaging was not included. Per 02/26/15 progress note, patient is advised to remain off work until 05/01/15. Regarding interferential current stimulation, MTUS Chronic Pain Medical Treatment guidelines page 120 has the following: "Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- 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., re-positioning, 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. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." In regard to the 30 day rental of an IF unit to be used post-operatively, the request appears reasonable. This patient is scheduled for a left knee arthroscopy the the treater is prospectively requesting the unit to be used for post-operative pain. MTUS guidelines support the use of such units for post-operative pain. The specified 30 days of use also falls within guideline recommendations. The request IS medically necessary.

Post-op DME knee wrap: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The patient presents on 02/26/15 for a pre-operative visit for an upcoming left knee arthroscopy. The patient's date of injury is 12/22/08. Patient has no documented surgical history of the left knee. The request is for POST OP DME KNEE WRAP. The RFA was not provided. Physical examination dated 02/26/15 reveals marked tenderness to palpation over the lateral joint line, as well as intra-articular effusion. Treater also notes positive McMurray's sign, Steinman's sign, Apley compression test, and distraction tests to the left knee. The patient is currently prescribed Percocet. Diagnostic imaging was not included. Per 02/26/15 progress note, patient is advised to remain off work until 05/01/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13, Knee Complaints, page 340, under Activity Alteration states: "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace

in necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." In regard to what appears to be a knee brace for this patient to use post-operatively, the request appears reasonable. The documentation provided does not mention any knee braces or other DME of this nature being issued to date. This patient is scheduled to undergo left knee arthroscopic knee surgery, a knee brace could help stabilize the joint to reduce pain and improve function. Therefore, the request IS medically necessary.