

<b>Case Number:</b>	CM15-0052878		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	08/31/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 67 year old male, who sustained an industrial injury on 8/31/2009. Past medical history was positive for bilateral knee surgeries. Injury occurred when he was getting out of his truck and his right knee buckled, he lost his balance and fell backwards onto his buttocks. Knee x-rays on 3/20/14 showed significant degenerative arthritis of both knees. The 2/16/15 treating physician report cited severe right knee pain with crepitus, clicking, weakness and mistrust. He was taking over-the-counter Tylenol and Anaprox with pain reduction documented. Physical exam noted a guarded gait, limp and use of a cane. Physical exam documented range of motion 0-120 degrees with positive grinding, crepitus and 4/5 weakness. There was medial and lateral joint line tenderness and no evidence of laxity. X-rays of the right knee showed moderate to severe osteoarthritis. The treatment plan recommended right total knee replacement. Authorization was requested for right total knee arthroplasty and associated surgical items/services. The 3/4/15 utilization review certified the request for right total knee replacement. The request for an interferential (IF) unit was modified to a 30-day TENS unit. The request for cold compression unit was modified to a 7-day rental. The request for a continuous passive motion (CPM) unit was modified to 21 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: IF unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy, interferential current stimulation (ICS), TENS, post operative pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that a one-month IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs or physical therapy treatment. Guideline criteria have not been met. There is no indication that the patient will be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management will be ineffective. The 3/4/15 utilization review modified this request to certification of a 30-day TENS unit for pain control. Additionally, this request for an unspecified duration of use is not consistent with guidelines. Therefore, this request is not medically necessary.

**Associated surgical service: cold compression:** 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 and Leg Chapter.

**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: Cold compression therapy; Game Ready accelerated recovery system.

**Decision rationale:** The California MTUS is silent regarding cold compression units. The Official Disability Guidelines state that cold compression therapy is an option after knee surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. While there are studies on continuous-flow cryotherapy, guidelines state there are no published high quality studies on combined cold compression systems. The 3/4/15 utilization review decision modified the request for a cold compression unit to 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold compression device beyond the 7-day rental recommended by guidelines. Therefore, this request is not medically necessary.

**Associated surgical service: CPM device:** 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 and Leg Chapter continuous passive motion (CPM).

**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:** The California MTUS does not provide recommendations for this device following total knee replacement. The Official Disability Guidelines state that the use of a continuous passive motion device may be considered medically necessary in the acute hospital setting for 4 to 10 day (no more than 21 days) following total knee replacement and for home use up to 17 days while the patient at risk of a stiff knee is immobile or unable to bear weight following a primary or revision total knee arthroplasty. The 3/4/15 utilization review decision modified the request for a continuous passive motion to 21-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a CPM device beyond the 21-day rental recommended by guidelines. Therefore, this request is not medically necessary.