

<b>Case Number:</b>	CM15-0068668		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/20/2006
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 59 year old female sustained an industrial injury to the right knee on 9/20/06. Previous management included magnetic resonance imaging, right knee arthroscopy, physical therapy and medications. In an orthopedic evaluation dated 3/17/15, the injured worker complained of right knee pain. The injured worker had increased her pain medications and now complained of right ankle pain and lumbar spine pain due to bad gait. Physical exam was remarkable for right knee with well-preserved range of motion, tenderness to palpation over the meniscus with positive McMurray's, reverse McMurray's and patellar compression tests. Current diagnoses included right knee medial and lateral meniscus tears, right tri-compartmental chondromalacia with osteoarthritis, right knee Baker's cyst and right knee joint effusion. The treatment plan included right knee arthroscopy with associated surgical services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic) / knee brace.

**Decision rationale:** Per the MTUS / ACOEM, functional bracing as part of a rehabilitation program is an option. Per the ODG, among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. Per the ODG, Knee bracing after ACL reconstruction appears to be largely useless, according to a systematic review. Postoperative bracing did not protect against re-injury, decrease pain, or improve stability. However a review of the injured workers medical records do not show that bracing is part of a functional rehabilitation program and there is also no documentation of instability, knee bracing is also not recommended for post surgical use, therefore the request for knee brace is not medically necessary.

**Micro-cool:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy / Knee & Leg (Acute & Chronic).

**Decision rationale:** Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint, thereafter applications of heat or cold. Per the ODG, 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Unfortunately, the request is a little unspecific and is unclear how long the unit is going to be used for in the post operative period, without this information it is not possible to determine if the request meets guideline recommendations or not, therefore the request for Micro-cool is not medically necessary.

**IFC unit with supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / Interferential current therapy (IFC).

**Decision rationale:** Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the 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. Per the ODG, it is under study for post surgical use. A review of the injured workers medical records that are available to me show that the injured worker has not met the above referenced criteria as described in the MTUS, the guidelines do not support post surgical use and therefore the request for interferential unit with supplies is not medically necessary.

**TENS unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one month trial with the appropriate documentation as recommended by the MTUS and post operative use does not appear to be supported by the guidelines, therefore the request for TENS unit with supplies is not medically necessary.

**Exercise kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / Home Exercise Kit.

**Decision rationale:** The MTUS / ACOEM did not address the use of home exercise kits therefore other guidelines were consulted. Per the ODG, it is "recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended". Unfortunately the request does not describe what type of equipment is being requested for example stretching bands and without this information it is not possible to determine if the request meets guideline criteria and therefore the request for Exercise Kit is not medically necessary.

**Motorized compression pump:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / Game Ready accelerated recovery system.

**Decision rationale:** The MTUS / ACOEM did not address the use of a motorized compression pump in the injured worker, therefore other guidelines were consulted. Per the ODG, "Recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone." A review of the injured workers medical records did not reveal a clear rationale for the use of a motorized compression pump and the request does not specify if this is for intra-operative or post-operative use, without this information it is not possible to assess if the request meets guideline criteria and therefore the request for Motorized compression pump is not medically necessary.