

Case Number:	CM14-0155714		
Date Assigned:	09/25/2014	Date of Injury:	02/24/2010
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 62 year old gentleman who sustained an injury to his left knee in a work related accident on 2/24/10. The clinical records provided for review document that the claimant has failed to respond to conservative care. The Utilization Review determination authorized the proposed left knee arthroscopy, partial medial meniscectomy, and chondroplasty and debridement procedure. In direct relationship to the claimant's certified surgical process, there are two perioperative requests, the first for a 90 day rental of a Surgi-Stim and the second for a home use of a CPM device for 14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Continuous Passive Motion Device (CPM) x14 days: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter; Continuous passive motion (CPM)

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for 14 day

rental of a continuous passive motion machine would not be medically indicated. The claimant will undergo knee arthroscopy and meniscectomy. The Official Disability Guidelines do not support the use of a CPM following knee arthroscopy or meniscectomy. Therefore, the request for a CPM is not recommended as medically necessary.

Surgi-Stim Unit x 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), NMES: Neuromuscular electrical stimulation, Page(s): 11.

Decision rationale: California MTUS Chronic Pain Guidelines do not recommend the request for 90 day use of a Surgi-stim unit. According to the Chronic Pain Guidelines, a TENS unit is only recommended for up to 30 days including home use, following any surgical process. The use of a Surgi-stim device, which is a combination of interferential stimulation and neural muscular electrical stimulation is not recommended as beneficial in the postoperative setting. The 90 day request for a Surgi-stim unit in this case would not be indicated as medically necessary.