

<b>Case Number:</b>	CM14-0141637		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California, Florida, and Maine. 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 injured worker is a 63 year old female who sustained injuries to her left knee, ankle, back, shoulders, and right knee on 08/06/12 due to cumulative trauma while performing her usual and customary duties. MRI of the left knee dated 06/30/14 revealed complex tear involving the posterior horn of the left medial meniscus. The injured worker was advised that surgery may be indicated, but she presented to the clinic for a second opinion on 07/21/14. Physical examination of the left knee noted flexion 130 degrees, extension 180 degrees; positive medial joint line tenderness; positive effusion; positive patellar crepitus; positive medial McMurray's sign; muscle strength 5/5 throughout the bilateral lower extremities; sensation intact bilaterally; reflexes 2+ throughout bilaterally; femoral pulses normal bilaterally. It was noted that the injured worker is an excellent candidate for arthroscopic left partial medial meniscectomy, chondroplasty, and debridement. The injured worker will likely require three months of recovery following surgery before reaching a point of maximum medical benefit from orthopedic treatment. The risks and benefits of the procedure were discussed with the injured worker and the injured worker wishes to proceed with the intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Continuous Passive Motion (PM) Device; Initial Period of Fourteen (14) 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 and leg chapter, Continuous passive motion (CPM)

**Decision rationale:** It was noted that the injured worker is an excellent candidate for an arthroscopic intervention; however, there was no information provided that would indicate the proposed surgical procedure has been approved. The Official Disability Guidelines (ODG) states that continuous passive motion devices may be indicated for in hospital or home use in injured workers at risk of a stiff knee, based on demonstrating compliance and measuring improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of continuous passive motion (CPM) has minimal benefit. Although, research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Given this, the request is not indicated as medically necessary.

**SURGI-STIM UNIT; INITIAL PERIOD OF 90 DAYS AND IF BENEFIT FROM USE, PURCHASE:** 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 transcutaneous electrical nerve stimulation (TENS) Page(s): 114-16.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that treatment with transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one month home based trial may be considered as a noninvasive trial may be considered as a noninvasive conservative option, if used in an adjunct to a program of evidence based functional restoration. There was no indication that the injured worker is currently undergoing any conservative treatment and there was no information provided that would indicate the injured worker is actively participating in a home exercise program where TENS may be beneficial as an adjunct treatment. The MTUS Chronic Pain Guidelines also states that while TENS may reflect the long standing substandard care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimal pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidences lacking effectiveness. Given this, the request is not indicated as medically necessary.