

Case Number:	CM13-0025180		
Date Assigned:	03/26/2014	Date of Injury:	10/18/2012
Decision Date:	06/13/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/17/2013

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 Occupational Medicine, 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 patient is 53 year old female who was injured between 10/18/2011 to 10/18/2012 as she developed pain in her back, knees, ankles, shoulders and upper extremities as well as psychological symptoms, as a result of her repetitive job duties. Prior treatment history has included 8 sessions of biofeedback that ended on 02/25/2014 and 13 sessions of chiropractic treatment that ended on 11/25/2013. The patient underwent a right knee arthroscopy with partial knee medial and lateral meniscectomy on 11/07/2013. Diagnostic studies reviewed include an MRI of the right knee dated 01/14/2013, which demonstrates a limited non-displaced chondral flap injury with extension to the basal layer of the cartilage measuring 3 mm in diameter involving the posterior aspect of the lateral tibial plateau with milder chondral irregularity overlying the lateral femoral condyle. There is a focal irregularity of the free margin posterior horn of the medial meniscus without abnormal signal extending into the meniscus proper. The posterior root the of the meniscus is intact. An MRI of the left knee dated 11/08/2012 shows a complete tear of the proximal aspect of the anterior cruciate ligament with distal ligament retraction and severe loss of ligament definition. There is truncation of the body and posterior horn of the medial meniscus, consistent with previous partial meniscal excision probable residual alteration of signal intensity at the superior surface of the posterior remnant of the posterior horn. The lack of fluid signal intensity of this abnormality favors a residual signal intensity rather than a surface tear. An orthopedic consultation report dated 09/11/2013 documents the patient to have complaints of pain in the bilateral knee, right greater than left, with some popping, swelling, and giving way. Objective findings on exam reveal right knee tenderness over the lateral more than medial joint line; small effusion. Her range of motion is from 0 to 140 degrees with pain at the end range of flexion. Sensory and motor exam are intact. There is pain with McMurray testing. The left knee reveals mild swelling. Lachman's and Drawer tests are positive. Varus and Valgus

stress test are negative. There is discomfort on McMurray testing. Impression is right knee chondral flap tear of the lateral tibial plateau, left knee chondromalacia of the patella with anterior cruciate ligament tear. The treatment and plan includes conservative management for the left knee, home exercise, anti-inflammatories and avoiding pivoting type activities. On the right knee, she has pain and mechanical symptoms and failed lengthy course of conservative care including steroid injection, physical therapy, anti-inflammatories, and brace. She has a positive physical exam on MRI findings which correlates with her symptoms. The patient is recommended an arthroscopy with partial meniscectomy and chondroplasty. A PR2 dated 07/18/2013 indicates the patient presents with neck pain which is improved and no numbness and tingling. Increasing bilateral shoulder pain without numbness and tingling; bilateral wrists pain is improving. Her lumbosacral pain is worsening without numbness and tingling. She reports her bilateral ankle pain is improving. She is having bilateral knee pain with popping, clicking, and locking up. The patient cannot stand or walk for longer than 5 to 10 minutes. The patient is taking Prilosec, Norco, and Naprosyn. Diagnoses are cervical spine symptoms, bilateral shoulder symptoms and impingement, bilateral wrists symptoms, lumbosacral symptoms, and bilateral ankle symptoms. The patient is recommended for chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAR CARE FIR HEATING SYSTEM PORTABLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the ACOEM Guidelines, at-home applications of local heat or cold to low back are recommended as an optional treatment. According to the ODG, Infrared therapy (IR) is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute low back, but only if used as an adjunct to a program of evidence-based conservative care (exercise). However, the patient has chronic cervical spine pain, lumbar spine pain, and bilateral knee pain. There is no clear indication for this infrared therapy in this case. The patient would be just as likely to benefit from application of heat use conventional heat packs. The request is not medically necessary and appropriate.