

<b>Case Number:</b>	CM13-0032026		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 a 58-year-old female who reported an injury on 11/10/2010. The patient is currently diagnosed as status post arthroscopic knee surgery and left SI joint dysfunction. The patient was seen by [REDACTED] on 08/20/2013. Physical examination revealed a shuffling gait and stiffness. Treatment recommendations included continuation of physical therapy, acupuncture treatment, continuation of current medications, and a Solar Care unit for the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription Motrin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient presents in mild distress with a shuffling gait and stiffness of the lower

extremity. The patient does not maintain a diagnosis of osteoarthritis. Satisfactory response to treatment has not been indicated. As guidelines do not recommend chronic NSAID use, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**Purchase of Solar Care Far-infrared (FIR) for the knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms. Initial care for treating acute and subacute knee pain includes instruction in home exercise and patients at home applications of heat or cold packs before or after exercise. As per the clinical notes submitted, the patient's physical examination on the requesting date of 08/20/2013 only revealed stiffness with a shuffling gait. There is no indication as to why this patient would not benefit from at home applications of heat or cold packs as recommended by California MTUS/ACOEM Practice Guidelines, as opposed to a Solar Care unit. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.