

Case Number:	CM13-0040993		
Date Assigned:	12/20/2013	Date of Injury:	05/20/2011
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Preventive 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 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:

According to the records made available for review, this is a 57-year-old male with a 5/20/11 date of injury. At the time (10/10/13) of the Decision for DME- [REDACTED] heating system-purchase (RX 9/27/2013) and final functional capacity evaluation (RX 9/27/13), there is documentation of subjective (knee pain that limits activities) and objective (antalgic gait) findings, current diagnoses (status post right knee surgery and tricompartmental osteoarthritis right knee), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- [REDACTED] HEATING SYSTEM-PURCHASE (RX 9/27/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Knee and Leg Chapter, and the WellCare Clinical Coverage Guideline
https://www.wellcare.com/WCAssets/corporate/assets/ccg/ccg_heating_pad_systems_10_2013.pdf.

Decision rationale: ACOEM Guidelines indicate that at-home local applications of cold packs in the first few days of acute complaints and applications of heat packs thereafter as methods of symptoms control for knee complaints. ACOEM Guidelines indicate at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies that review of PT for knee arthritis concluded that heat improved disability and quality of life, but did not improve pain, gait, joint, and composite function measures. WellCare's Clinical Coverage Guideline on heating pad system indicates that infrared heating pad systems are not considered medically necessary for all indications. Given the cited Guidelines' recommendations and the documentation in the medical records provided for review, the current request for a [REDACTED] Heating System Purchase has not been determined to be medically necessary for this patient. Therefore, the request for DME-[REDACTED] heating system-purchase (RX 9/27/2013) is not medically necessary and appropriate.

FINAL FUNCTIONAL CAPACITY EVALUATION (RX 9/27/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS, ODG.

Decision rationale: ACOEM Guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and appropriate timing as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of status post right knee surgery and tricompartmental osteoarthritis right knee. However, there is no documentation indicating the patient's case management is hampered by complex issues or the appropriate timing of the request. Therefore, based on guidelines and a review of the evidence, the request for final functional capacity evaluation (RX 9/27/13) is not medically necessary.