

Case Number:	CM13-0044458		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2011
Decision Date:	04/22/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, 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:

This 31 year-old female Volunteer worker sustained an injury on 10/28/11 while employed by [REDACTED]. Request under consideration include Back Vital Wrap(Cold/Hot) 4 Month Rental, Lumbar Spine. Report from AME dated 10/18/13 noted the patient while being a volunteer for the above health center lost her balance and fell over a drainage ditch onto her knees. She received treatment with xrays, Tramadol prescription and physical therapy 8-12 sessions which did not help. Diagnoses was sprain of the knees. MRI showed right knee meniscal tear and she underwent right knee arthroscopy on 2/21/12 with post-op PT which did not help. She began experiencing low back pain but did not receive treatment as insurance carrier denied claim. The patient retained an attorney and sought care with a chiropractor with PT for knees and lumbar spine. She was given an H-wave machine; injections to the right knee and into the coccyx, the first was successful; however, the second increased her low back pain. She was referred to another provider and was not happy with her care and then referred to orthopedist who prescribed more medications, continued with H-wave, and Biotherm. Exam noted well-developed, overweight caucasian female with moderate diffuse distress secondary to her lumbar spine and right lower extremity. Exam of the lumbar spine noted no paraspinal spasm; able to toe walk and stand; do partial deep knee bend; SLR is negative bilaterally but with right knee pain; Lasegue's negative; sensation intact bilaterally with decreased pin prick to right thigh, medial right leg and entire right foot; knee exam noted negative McMurray's, Lachman negative with tender medial and lateral joint lines. Diagnoses included symptomatic bilateral patella chondromalacia; s/p right knee arthroscopy with partial medial meniscectomy on 2/27/12 and mild to moderate disc bulge per report. It was recommended the patient may return to modified work duties. Request above from the provider

had no clarification of indication or medical necessity to support for the DME which was non-certified on 10/4/13 citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK VITAL WRAP(COLD/HOT) 4 MONTH RENTAL, LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Flow Cryotherapy, page 292

Decision rationale: The patient received treatment with x-rays, Tramadol prescription and physical therapy 8-12 sessions which did not help. Diagnoses was sprain of the knees. MRI showed right knee meniscal tear and she underwent right knee arthroscopy on 2/21/12 with post-op Physical Therapy (PT) which did not help. She began experiencing low back pain but did not receive treatment as insurance carrier denied claim. Diagnoses included symptomatic bilateral patella chondromalacia; s/p right knee arthroscopy with partial medial meniscectomy on 2/27/12 and mild to moderate disc bulge per report. It was recommended the patient may return to modified work duties. Request for DME above from the provider had no clarification of indication or medical necessity to support for the Durable Medical Equipment (DME) which was non-certified on 10/4/13 citing guidelines criteria. Regarding Hot/Cold therapy, guidelines state it is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use". The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The requests for the rental of the Hot/Cold therapy System with back wrap do not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of hot/cold compression therapy with pad and wrap, but does recommend standard hot/cold pack with exercise. (ODG) Official Disability Guidelines specifically addresses the short-term benefit of cryotherapy post-knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The patient last surgery to the knee was in 2012. The Back Vital Wrap(Cold/Hot) 4 Month Rental, Lumbar Spine is not medically necessary and appropriate.