

Case Number:	CM13-0058322		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2008
Decision Date:	05/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery, and is licensed to practice in 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 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 57-year-old male who reported an injury on 09/26/2008. The mechanism of injury was not provided in the medical records. The clinical note 10/23/2012 reported that the injured worker complained with ongoing complaints of pain to the right shoulder, left knee, left shoulder, neck and low back. Specifically, he complained of constant and moderate left knee pain aggravated with walking and standing for long periods of time. In regards to objective findings, the clinical note states his physical exam findings were grossly unchanged as compared to prior and more recent evaluations of the patient. The clinical note did not provide conservative care, failed conservative care, levels of pain or range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

VITA WRAP FOR THE RIGHT AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Procedure Summary; and Official Disability Guidelines (ODG) Knee and Leg Procedure Summary Cocntinuous-flow cryotherapy.

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

Decision rationale: he request for Vita wrap for the right and left knee is non-certified. The California MTUS/ACOEM Guidelines state that comfort is the patient's first concern. There are a number of treatment options available to the doctor treating the acute and subacute knee pain of the injured worker. Options include home exercise, home applications of cold packs or hot packs to the affected area, the use of a TENS unit, rehab programs for surgery or postoperative. The guidelines state that at-home applications of cold packs in the first few days after the injury are considered a non-prescribed physical modality. The request for the Vita wrap for the right and left knees failed to meet the guidelines set forth by California MTUS/ACOEM. The documentation provided did not give any subjective or objective complaints of pain, levels of pain or failed conservative treatments. Therefore, the request is non-certified.