

Case Number:	CM13-0071773		
Date Assigned:	01/08/2014	Date of Injury:	06/15/2011
Decision Date:	06/16/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 an employee of [REDACTED] and has submitted a claim for bilateral knee tricompartmental degenerative joint disease associated with an industrial injury date of June 15, 2011. Treatment to date has included viscosupplementation, NSAIDs, opioids, bracing, physical therapy, joint steroid injections, and surgery. Medical records from 2013 were reviewed. Patient complained of persistent bilateral knee pain associated with stiffness and buckling. Physical examination showed left knee swelling with locking and stiffness. Utilization review from December 18, 2013 denied the request for durable medical equipment IF unit knee - bilateral. The reason for denial was unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT IF UNIT KNEE - BILATERAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Pages 118-120 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled

due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. In this case, the patient complained of persistent bilateral knee pain. Subjective pain rating and objective physical examination findings consistent with worsening symptoms were not documented. Patient had physical therapy sessions and has been using opioids for pain since October 2013. However, information regarding physical therapy outcomes, compliance to medications, presence or absence of adverse effects were not clearly documented in the medical records. There is no documentation regarding failure of medications. Furthermore, the request did not specify if the device is for rental or purchase. Therefore, the request for durable medical equipment IF unit knee - bilateral is not medically necessary.