

Case Number:	CM14-0015215		
Date Assigned:	02/28/2014	Date of Injury:	09/24/2011
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/06/2014

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 Nevada. 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 records presented for review indicate that this 42-year-old female was injured on September 24, 2011. The diagnosis is listed as internal arrangement of the right knee, a thoracic spine herniated nucleus pulposus a lumbar spine herniated nucleus pulposus. A right knee surgery was noted to have occurred in July, 2013. It is noted there are ongoing complaints of low back and right knee pain reported to be 7/10. An injection of the right knee was completed subsequent to the surgical intervention. The progress note dated August, 2013 indicates frequent left knee pain and the pain is worse after therapy. A slight reduction of the range of motion (-5°-115°) is reported. A slight weakness and right knee flexion is also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CRUTCHES PURCHASE: 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 & leg updated June 5, 2014

Decision rationale: The use of walking aids such as crutches can be recommended under specific criterion outlined in the ODG (ACOEM & MTUS do not address). However, the limited progress note indicates surgery was completed nearly a year ago and there is no physical examination findings identifying any pathology that would warrant a use of crutches on a permanent basis. Furthermore, the actual surgery completed was not outlined. As such, there is insufficient clinical data presented to support this request.

HALF LEG WRAP PURCHASE: 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 & leg updated June 5, 2014

Decision rationale: MTUS and ACOEM do not address. A purchase of a leg wrap is not clinically indicated based on the limited progress of presented for review. Surgery is noted to have occurred nearly a year ago and no specific pathology has been identified a slight limitation to range of motion and pain complaints are noted and there is no narrative presented as to why such a device would be clinically indicated.

Q-TECH COLD THERAPY RECOVERY SYSTEM W/ WRAP RENTAL TIMES 35 DAYS: 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 & leg; updated; June 5, 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address), such a wrap is indicated for up to seven days after surgery. Given the date surgery, the lack of any clinical indications subsequent to the surgery and the limited progress notes presented for review, there is insufficient clinical data to support this request.

UNIVERSAL THERAPY WRAP PURCHASE: 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 & leg; updated June 5, 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address), such a wrap is indicated for up to seven days after surgery. Given the date of surgery, the lack of any clinical indications subsequent to the surgery and the limited progress notes presented for review, there is insufficient clinical data to support this request.

X-FORCE STIMULATOR PURCHASE: 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 & leg; updated June 5, 2014

Decision rationale: This type of device is not addressed in the ACOEM, MTUS or ODG. A literature review indicates that this is a proprietary electrical signal type device. Such a transcutaneous electrical stimulation unit is not indicated for the diagnoses suggested in the progress notes reviewed. This can be used to augment a pain control but there is insufficient clinical evidence as to a trial, efficacy, or any other parameters to support this request. Therefore based on the limited clinical information presented for review, this is not clinically indicated.