

Case Number:	CM14-0123047		
Date Assigned:	08/11/2014	Date of Injury:	08/16/2011
Decision Date:	09/25/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 8/16/11 date of injury, and status post diagnostic arthroscopy of right knee, synovectomy, partial anterior horn medial meniscectomy, partial posterior horn lateral meniscectomy, and chondral abrasion of medial femoral condyle, and of the patellofemoral joint 11/16/12. At the time (5/27/14) of request for authorization for Durable Medical Equipment mi, there is documentation of subjective (persistent severe right knee pain, knee has given out several times) and objective (well-healed surgical scars, tenderness over patellofemoral joint and over the medial compartment, range of motion from 10-105 degrees, knee stable, and antalgic gait) findings, current diagnoses (right knee osteoarthritis and compensatory left knee pain), and treatment to date (surgery and cortisone injection to right knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment mi: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence:

[cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions](https://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions).

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Durable Medical Equipment mi. Within the medical information available for review, there is documentation of diagnoses of right knee osteoarthritis and compensatory left knee pain. However, there is no documentation of the specific Durable Medical Equipment being requested. Therefore, based on guidelines and a review of the evidence, the request for Durable Medical Equipment mi is not medically necessary.