

Case Number:	CM14-0176434		
Date Assigned:	10/29/2014	Date of Injury:	08/22/2008
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

Injured worker is a male with date of injury 8/22/2008. Per workers' compensation primary treating physician's orthopedic re-evaluation dated 4/7/2014, the injured worker is status post right total knee arthroplasty on 7/10/2013. Overall he has continues to make excellent progress. With regards the left knee, he continues with stiffness, achiness and pain and difficulties with prolonged weight bearing activities, squatting as well as prolonged bending activities. He has end stage osteoarthritis of the left knee. On examination his right knee confirms a well healed anterior incision. He has no effusion. Range of motion is from 0 to 110 degrees with slight tenderness to the lateral compartment. On examination of his left knee he has varus alignment, positive McMurrays' sign and medial joint line tenderness with positive patellofemoral crepitation, positive grind test and pain with deep squat. Diagnoses include 1) traumatic osteoarthritis bilateral knees, industrially related 2) status post total knee arthroplasty to the right knee on 7/10/2013 3) end stage osteoarthritis of the left knee with multiple viscosupplementation injections with good relief of symptoms 4) Kenalog injection to the left knee multiple times, most recently 4/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure Unit x 30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The medical reports provided for review do not provide a rationale for this request. The injured worker is reported to be status post total knee arthroplasty on the right and end stage knee osteoarthritis on the left. He is being treated with viscosupplementation and Kenalog injections with good relief. Medical necessity of this request has not been established. The request for Thermacure Unit x 30 days rental is determined to not be medically necessary.

Thermacure Pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The medical reports provided for review do not provide a rationale for this request. The injured worker is reported to be status post total knee arthroplasty on the right and end stage knee osteoarthritis on the left. He is being treated with viscosupplementation and Kenalog injections with good relief. Medical necessity of this request has not been established. The request for Thermacure pad purchase is determined to not be medically necessary.

Continuous Passive Motion Unit x 30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction,

heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The medical reports provided for review do not provide a rationale for this request. The injured worker is reported to be status post total knee arthroplasty on the right and end stage knee osteoarthritis on the left. He is being treated with viscosupplementation and Kenalog injections with good relief. Medical necessity of this request has not been established. The request for Continuous Passive Motion Unit x 30 days rental is determined to not be medically necessary.

Continuous Passive Motion Pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The medical reports provided for review do not provide a rationale for this request. The injured worker is reported to be status post total knee arthroplasty on the right and end stage knee osteoarthritis on the left. He is being treated with viscosupplementation and Kenalog injections with good relief. Medical necessity of this request has not been established. The request for Continuous Passive Motion pad purchase is determined to not be medically necessary.