MAXIMUS Federal Services

| Case Number: | CM14-0177035 | | |
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| Date Assigned: | 10/30/2014 | Date of Injury: | 07/28/2010 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/16/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/28/10 when, while working as a truck driver and pushing an industrial dolly, he felt left knee popping. On 01/11/13 the claimant underwent left knee arthroscopy. He was seen on 04/07/14. He was having bilateral knee pain and low back pain radiating into the left lower extremity. Pain was rated at 5-6/10. Physical examination findings included bilateral knee swelling with tenderness and decreased knee range of motion and decreased lumbar spine range of motion. Recommendations included consideration of knee injections. Authorization for chiropractic manipulation/physical therapy two times per week for six weeks was requested. Cyclobenzaprine, Tramadol ER, Naprosyn, Pantoprazole, Gabapentin, Dextromethorphan, and compounded cream were prescribed. He was continued at unrestricted work. He was seen by the requesting provider on 05/12/14. He was having ongoing knee, left hip, and lumbar spine pain. Physical examination findings included decreased and painful left knee range of motion with positive grind test. Recommendations included continued medications and physical therapy. There was consideration of an orthopedic referral. As of 06/30/14 he was having ongoing knee pain. Treatments had included myofascial release, infrared heat, ultrasound, exercise, disc decompression and spinal manipulation.He was seen on 10/06/14 with constant left knee pain. Pain was rated at 9/10. Physical examination findings included severe joint tenderness with subluxations and decreased joint mobility. Authorization for a knee brace and hot/cold unit were requested. A pain management evaluation and MRI of the knee were requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Water circ heat pad with pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**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 (Acute & Chronic), Cold/heat packs

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic left knee pain. He underwent arthroscopic surgery in November 2011.The use of modalities such as heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested circulating water heat pad with pump is not medically necessary.