

Case Number:	CM14-0179089		
Date Assigned:	11/03/2014	Date of Injury:	04/16/2012
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 32 year old who had a work injury dated 4/16/12. The diagnoses include degeneration of lumbosacral intervertebral disc and dysthymic disorder; degeneration of lumbar intervertebral disc; brachial radiculitis; thoracic neuritis; non-allopathic lesion of the cervical region Non-allopathic lesion at the thoracic region. Under consideration are requests for knee pads. Per documentation dated 9/24/14 the claimant has noted that he has completed a functional restoration program and is looking into employment other than his previous job. There is a 10/29/14 progress note from functional restoration that states that the patient is work ready and wants to attempt to return to work. He demonstrates adequate body mechanics for painting autos and has learned proper posture necessary to protect his spine from further injury. Patient continues with some residual right knee pain after a fall last week and would benefit from knee pads for work when performing buffing activity. Patient demonstrates excellent motivation this week. The patient demonstrates a limited ability to participation an individualized treatment plan including daily exercises and functional activities. Patient is minimally limited in activity participation this week due to a flare up and received additional Instruction on use of active modalities for flare up management Including diaphragmatic breathing, exercise modification, stretching, myofascial release, meditation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee pads: Upheld

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

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

Decision rationale: Knee pads are not medically necessary per the MTUS guidelines. The guidelines state that adjustment or modification of workstation, job tasks, or work hours and methods can be done for knee pain. The documentation does not indicate that the patient has a job at this point and what the kneeling requirements of this job would be. The request for knee pads are not medically necessary.