

Case Number:	CM14-0035992		
Date Assigned:	06/23/2014	Date of Injury:	06/18/2012
Decision Date:	09/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 32-year-old male who reported an injury on 06/18/2012. The mechanism of injury was not provided. On 05/08/2014, the injured worker presented with complaints of right knee pain. Much of the clinical note was handwritten and largely illegible. The diagnoses were sprain/strain of the right knee, derangement of the knee, and status post right knee arthroscopy. Physical examination was not provided at this time. Prior therapy included surgery and home exercise. The provider recommended an X-Force unit for the right knee and ice/heat unit for the right knee x60 days. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force unit for the right knee: 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): 337.

Decision rationale: The request for X-Force unit for the right knee is not medically necessary. California MTUS/ACOEM Guidelines state immobilizers are recommended if needed for

cruciate ligament tear, collateral ligament strain, or meniscus tears. There is a lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for immobilizer or brace. Additionally, the provider's rationale was not provided. As such, medical necessity has not been established.

Ice/heat unit for the right knee x 60 days: 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): 337.

Decision rationale: The request for ice/heat unit for the right knee x 60 days is not medically necessary. The California MTUS/ACOEM Guidelines state that injured workers at home applications if heat or cold packs may be used before and after exercises and are as effective as those performed by a therapist. As such, an ice/heat unit for the right knee for 60 days would not be medically necessary.