MAXIMUS Federal Services

Case Number:	CM14-0053312		
Date Assigned:	07/07/2014	Date of Injury:	09/18/2008
Decision Date:	09/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Tennessee. 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 60-year-old male who has submitted a claim for ruptured patellar tendon associated from an industrial injury date of September 18, 2008. Medical records from 2012-2014 were reviewed, the patient complained of constant pain in his left knee with increased difficulty in walking on it. Physical examination revealed medial and lateral joint line tenderness. Range of motion for flexion was limited. There was a positive McMurray's test and muscle strength was 4+/5 for knee extension. Treatment to date has included oral medications, acupuncture sessions, home exercises, physical therapy, and corticosteroid injections. Utilization review from March 27, 2014 denied the requests for 1 pair of crutches and Ice machine rental for 2 weeks because documentation is lacking to support guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of crutches: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, walking aids (canes, crutches, braces, orthoses & walkers) are recommended. Almost half of patients with knee pain posses a walking aid. Disability, pain and age-related impairments seem to determine the need for a walking aid. Progress notes indicate that the patient has significantly decreased mobility and has pain when walking. Documentation submitted does not mention any current use of a walking device. Therefore, the request for one pair of crutches is medically necessary.

Ice machine rental for 2 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. The Aetna Clinical Policy Bulletin considers passive cold compression therapy units experimental and investigational for all other indications because their effectiveness for indications has not been established. The use of hot/ice machines and similar devices are experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs. In this case, the patient is diagnosed with bilateral knee patellofemoral syndrome. However, there was no discussion as to why standard ice bags/packs will not be sufficient to provide symptomatic relief. The request likewise failed to specify the body part to be treated. Therefore, the request for Ice machine rental for 2 weeks is not medically necessary.