

Case Number:	CM14-0065326		
Date Assigned:	07/11/2014	Date of Injury:	09/16/2004
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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:

This is a 63-year-old female with a 9/16/14 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/30/14, the patient complained of neck and shoulder pain, rated at a 7/10. Chronic pain medication maintenance regimen, activity restriction, and rest continue to keep her pain at a manageable level to allow her to complete necessary activities of daily living. Objective findings: moderate tenderness to palpation over cervical paraspinal musculature and bilateral trapezii, interscapular musculature, right shoulder/upper arm, lumbosacral spine and anterior right knee; restricted ROM of shoulder/upper arm, lumbosacral spine, and anterior right knee; dysesthesia noted on anteromedial right arm from shoulder to entire hand, and over the lateral right foot. Diagnostic impression: chronic pain syndrome, osteoarthritis of knee, degenerative joint disease of bilateral knees, brachial neuritis or radiculitis, cervicgia, pain in joint shoulder region, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, dysesthesia. Treatment to date: medication management, activity modification, bilateral knee replacements. A UR decision dated 4/24/14 denied the request for Elastogel knee wrap. The documentation submitted for review failed to provide evidence as to how the wrap would benefit the patient as well as improving function. The clinical information provided failed to include a recent and thorough physical examination of the patient's knee to support the necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elastogel knee wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index, 11th edition (web), 2013, Knee & Leg/Durable medical equipment (DME).

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: <http://www.elastogel.com/product-catalog/hot-a-cold-therapy/therapy-wraps#general-description>.

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, Elastogel knee wrap is a wearable gel ice/heat pack. There is no documentation that the patient has tried and failed the use of standard ice and heat packs. In addition, a rationale was not provided as to how this product would benefit the patient in terms of functional improvement. Therefore, the Elastogel knee wrap is not medically necessary.