MAXIMUS Federal Services

Case Number:	CM14-0081533		
Date Assigned:	07/18/2014	Date of Injury:	02/11/2013
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Preventive Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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:

According to the Official Disability Guidelines (ODG), state that Durable medical equipment the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths, and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. The request submitted failed to indicate why the provider is requesting the wheel chair for the injured worker. As such, the request for prospective wheelchair 1 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee medial unloader brace, QTY: 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The injured worker is reported to have complained of knee instability; besides, this worker has a complex case that has altered the knee anatomy, therefore an external knee support is justified. Furthermore, the MTUS has an optional recommendation for knee brace for such conditions like patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. The MTUS advised on proper fitting of the brace and that it should be combined with a rehabilitation program therefore, this request is medically necessary.

Physical Therapy, QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS recommends sophisticated rehabilitation programs for significant knee problems as an alternative to surgery or for postoperative rehabilitation. Nevertheless, the MTUS also recommends that the therapist should direct the patient to take an active role in the program by simply using the equipment after instruction and then graduating to a home program. Based on the presence of degenerative disease to the right knee and severe hip pathology that may make it difficult for him to do only home exercises, 12 sessions of physical therapy is rather too much for him to graduate from therapy to home exercise program therefore, this request is not medically necessary.

Synvisc one injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; criteria for Hyaluronic acid guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: In his report on 04/24/2014, the orthopedist based his request for the Synvisc one injection to the right knee on osteoarthritis. While he may benefit from the injection, the osteoarthritis is not related to this particular injury. The MTUS states, "Patellar tendinitis and osteoarthritis usually do not have causative associations with acute trauma therefore, this form of treatment is not medically necessary.