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| <b>Case Number:</b>   | CM14-0089395 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 09/04/2012 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 05/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/13/2014 |

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral knee pain, neck pain, low back pain, and psychological stress reportedly associated with cumulative trauma at work between the dates of June 1, 1993 through July 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior knee surgery; and earlier cervical discectomy. In a Utilization Review Report dated May 22, 2014, the claims administrator denied a request for a [REDACTED] Care device. The denial was based, on large part, on the attending provider's reportedly poor handwriting, it was suggested. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant reported persistent complaints of bilateral knee pain with associated difficulty negotiating stairs. Healed scars about the knees associated with earlier knee surgery were appreciated. The applicant was asked to obtain knee [REDACTED] Care device to reduce pain associated with osteoarthritis and improve the applicant's knee function. The applicant is placed off of work, on total temporary disability, for six weeks. Norco was apparently furnished. In a prescription form dated May 14, 2014, the attending provider endorsed the [REDACTED] Care device through the usage of preprinted checkboxes, stating that the applicant had medial compartment knee arthritis, bilateral, which had proven recalcitrant to time, medications, physical therapy, earlier surgery, and NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Knee [REDACTED] care VQ:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Knee and Leg Procedure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, [REDACTED] Care Knee Device topic.

**Decision rationale:** The MTUS does not address the topic of [REDACTED] Care devices. As noted in ODG's Knee Chapter [REDACTED] Care Device Program, [REDACTED] Care devices are recommended as an option for applicants in the therapeutic exercise program for arthritis of the knee who may be candidates for total knee arthroplasty but want to defer surgery. In this case, the applicant does reportedly have issues with bilateral knee arthritis status post earlier failed knee arthroscopy. The applicant has also tried, failed, and exhausted other conservative treatments, including physical therapy, opioid therapy, etc. Significant pain associated with knee arthritis seemingly persists, the attending provider has posited. Provision of a [REDACTED] Care device is indicated to try and ameliorate the same. Therefore, the request for bilateral knee [REDACTED] care VQ is medically necessary.