MAXIMUS Federal Services

Case Number:	CM14-0191410		
Date Assigned:	11/25/2014	Date of Injury:	03/21/2003
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Pain 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 male injured worker with a date of injury of March 21, 2003. A utilization review determination dated November 4, 2014 recommends non-certification of a [redacted] for the bilateral knee/lumbar spine. A progress note dated October 13, 2014 identifies subjective complaints of unimproved condition, the injured worker is suffering from pneumonia related to poor health, significant weight gain, continued left knee pain, right knee pain, and low back pain with pain down both legs to the feet. The injured worker has neck pain that radiates down both arms to the hand, sexual dysfunction and sleep disorders, mental stress, depression, anxiety, heart disease, atrial fibrillation, sleep deprivation, sleep apnea, and right hip osteoarthritis. The injured worker continues to fall. The injured worker's financial situation does not allow him to afford to feed himself, pay for his medication, or go to and from his medical appointments. The physical examination reveals cervical spinous tenderness, positive bilateral maximal foraminal compression tests, positive bilateral shoulder compression test, tenderness to palpation of the lumbar paravertebral musculature, tenderness to palpation of the trapezius musculature, positive straight leg raise test bilaterally, positive Kemp's test bilaterally, and there is tenderness of the left knee and edema in the infrapatellar area and suprapatellar area of the medial joint line. The diagnoses include status post-op bilateral knee x5, upper extremity radiculopathy with loss of range of motion of the cervical spine, lumbar spine HNP with radiculopathy and weakness into lower extremities, internal derangement of bilateral knees, refractory depression, anxiety, and stress, and cardiac condition the injured worker had a heart attack 3-4 months ago due to stress. The treatment plan recommends the following a new XXL big man walker with seat (padded), new heavy-duty shower chair, [redacted] follow-up with all doctors, podiatrist treatment, [redacted], electric hospital bed (knees elevated), a van for medical transportation, and dental treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **for the Bilateral Knee/Lumbar Spine:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee and 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 & Leg, Durable Medical Equipment (DME) http://www.lifelinesys.com/content/

Decision rationale: Regarding the request for a [redacted] for the Bilateral Knee/Lumbar Spine, California MTUS and ODG do not address the issue. Within the documentation available for review, there is no clear indication as to why the injured worker would require a home monitoring system. As such, the currently requested [redacted] System for the Bilateral Knee/Lumbar Spine is not medically necessary.