

<b>Case Number:</b>	CM14-0025366		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 63 year old female with an injury date of 05/11/10. Based on the 11/11/13 progress report, the patient complains of bilateral knee pain and spasms. Her left knee pain level is at 9 out 10 and the right knee pain level is at 7 out 10. The patient has swelling to the right knee and her left knee occasionally giving way at times. The patient has severe tenderness to palpation over the anterior joint lines with guarding, restrictive ranges of motion of the left greater than the right. Myospasms reported to bilateral knees, with swelling only on the right knee. The patient has positive Apley's, positive Edema of the right knee, and positive left hamstring tightness. The diagnoses include following: 1. Torn lateral meniscus, chondromalacia patella, and chondral fracture and defect of the medial femoral condyle in the right knee. 2. Status post right knee arthroscopy (05/09/12) followed by arthroscopic partial lateral meniscectomy, chondroplasty of the patella, chondroplasty of the medial femoral condyle in the right knee. 3. Medial tracking of patella out of the trochlear groove by 1cm, identified on all angles, subchondral defect of the medial articular surface of the patella with chondromalacia of the medial articular cartilage per MRI 11/29/11. The treating physician is requesting for cervical pillow-full, but the report with the request is missing. The utilization review determination being challenged is dated 01/10/14. The treating physician provided treatment reports from 02/13/13-11/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Pillow-Full:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Ed, Cervical and Thoracic Spine, Sleep Pillows and Posture.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Chapter, Pillow.

**Decision rationale:** This patient presents with bilateral knee pain and spasms. The request is for cervical pillow-full. ODG guideline under neck and shoulder pain states regarding pillow use as, "recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007)" In this case, there is no information of patient's neck pain or why the cervical pillow is necessary for the patient in the progress reports. Reports provided only address bilateral knee pain. Due to lack of information to support the request is not medically necessary.