

Case Number:	CM15-0140860		
Date Assigned:	07/30/2015	Date of Injury:	04/28/2003
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 62 year old male, who sustained an industrial injury on 4-28-03. He has reported initial complaints of a trip and fall over pallets landing on the hip and lower back. He went over backwards and hit his buttocks, left elbow and landed on both knees. The diagnoses have included cervicalgia, sciatica, gait derangement, vertigo and insomnia. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, ice and heat. Currently, as per the physician progress note dated 6-9-15, the injured worker complains of neck and back pain with poor gait and endurance of standing. He complains of right knee swelling with pop feeling. He still has difficulty bending the knees with frequent locking. He uses cane to ambulate. The right leg is stiff with numbness and pain. The objective findings reveal that he ambulates with antalgic slow gait with cane. There is numbness in the right knee. The neck and back have decreased range of motion and there is poor tolerance to straight leg maneuver beyond 35 degrees. The current medications included Norco, OxyContin, Opana, Ambien, Soma, Naproxen, topical compounded analgesics, and Antivert. The physician requested treatment included a heating pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat pad: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under Heat.

Decision rationale: This patient presents with chronic right knee, lower back and neck pain. The current request is for a Heat pad. The RFA is dated 06/09/15. Treatment to date has included medications, activity modifications, diagnostics, multiple surgeries (lumbar May 2013, left TKA 2009 and right TKA 2012), physical therapy, ice and heat. The patient remains off work. ACOEM Chapter 12, page 300 states, "At-home local applications of heat or cold are as effective as those performed by therapists." The ODG guidelines, under the Knee Chapter, regarding Heat states, "Recommended. See Cold/heat packs. The AHRQ Comparative Effectiveness Review of PT for knee arthritis concluded that heat improved disability and quality of life, but did not improve pain, gait, and joint and composite function measures. (Shamliyan, 2012)" ODG has the following under Cold/Heat packs, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis." Per progress note dated 6/9/15, the patient complains of neck, back and right knee pain. He still has difficulty bending the knees with frequent locking and popping sensation. He uses cane to ambulate. The right leg is stiff with noted numbness and pain. Examination of the neck and back revealed decreased range of motion and there is poor tolerance to straight leg maneuver beyond 35 degrees. The patient was instructed to continue his HEP. The treater recommended a heat pad alternating with ice bag for the knees. In this case, the patient is status post bilateral TKA in 2009 and 2012 and is managing his residual symptoms with conservative care including medication, HEP and ice/heat packs. The ODG guidelines recommend cold/heat packs for different knee conditions. The requested heat pad is reasonable and this request IS medically necessary.