MAXIMUS Federal Services

Case Number:	CM15-0024446		
Date Assigned:	02/17/2015	Date of Injury:	01/21/2005
Decision Date:	04/02/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/09/2015

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 46 year old female, who sustained an industrial injury on 1/21/2005. The current diagnoses are bilateral knee pain, bilateral chondromalacia patella, and bilateral knee arthritis. Currently, the injured worker complains of ongoing bilateral knee pain. Treatment to date has included medications and aqua therapy. The treating physician is requesting Therawrap for the knees and ThermaCare patches #30 with 4 refills, which is now under review. On 2/6/2015, Utilization Review had non-certified a request for Therawrap for the knees and ThermaCare patches #30 with 4 refills. The California MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therawrap for The Knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, cold/hot packs.

Decision rationale: This patient presents with bilateral knee pain. The treater has asked for THERAWRAP FOR THE KNEES but the requesting progress report is not included in the provided documentation. Regarding cold/heat therapy, ODG recommends in some cases, but does not recommend heat therapy alone, in treating edema of the knees. ODG states: "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." The patient is currently working with restrictions. Under Knee & leg chapter, ODG has, "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, joint and composite function measures." In this case, the patient has chronic knee pain. The treater is requesting a heat wrap for the knee. ODG guidelines support heat for knee arthritis. Given the patient's arthritic condition, the request appears reasonable. The request IS medically necessary.

ThermaCare Patches #30 with 4 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, cold/hot packs.

Decision rationale: This patient presents with bilateral knee pain. The treater has asked for THERMACARE PATCHES #30 WITH 4 REFILLSbut the requesting progress report is not included in the provided documentation. Regarding Heat, ODG guidelines Knee chapter has, "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, joint, and composite function measures." In this case, the patient has chronic knee pain. The treater is requesting thermacare heat patches for the knee arthritic condition. ODG guidelines do support it but the treater has asked for thermacare wrap as well. There is no explanation as to why heat patches are requested as well. There is no need to use both of the products. The request IS NOT medically necessary.