

Case Number:	CM15-0219501		
Date Assigned:	11/13/2015	Date of Injury:	09/07/2012
Decision Date:	12/24/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old female who sustained an industrial injury on 9-7-2012. A review of the medical records indicates that the injured worker is undergoing treatment for knee osteoarthritis. According to the orthopedic evaluation dated 9-30-2015, the injured worker complained of pain in her neck, bilateral arm and bilateral knees. She rated her pain 6 out of 10. Objective findings (9-30-2015) revealed decreased knee range of motion, pain at extremes of motion and crepitus with range of motion. Treatment has included physical therapy, injections and medications. The physician noted that knee x-rays showed severe bone on bone knee osteoarthritis. The treatment plan (9-30-2015) was for total knee arthroplasty. The original Utilization Review (UR) (10-16- 2015) modified a request for Veno Pro for seven (7) day rental and Polar Ice for seven (7) day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: Veno Pro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 63 year old female has complained of knee pain and neck pain since date of injury 9/7/2012. She has been treated with physical therapy, injections and medications. The current request is for Venopro. Per the MTUS guidelines cited above, Durable Medical Equipment: Venopro is not a recommended physical treatment modality. On the basis of the available medical records and per the guidelines cited above Venopro is not indicated as medically necessary.

Durable Medical Equipment : Polar Ice: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg; Continuous flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 63 year old female has complained of knee pain and neck pain since date of injury 9/7/2012. She has been treated with physical therapy, injections and medications. The current request is for Polar Ice. Per the MTUS guidelines cited above, Durable Medical Equipment: Polar Ice is not a recommended physical treatment modality. On the basis of the available medical records and per the guidelines cited above Polar Ice is not indicated as medically necessary.