

<b>Case Number:</b>	CM15-0051659		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 61 year old female who sustained an industrial injury on 03/14/2012. Current diagnoses include post op right shoulder arthroscopy, right shoulder rotator cuff tear, and bilateral knee pain. Previous treatments included medication management, acupuncture, physical therapy, and home exercise program. Diagnostic studies included MRI of the right knee. Report dated 01/05/2015 noted that the injured worker presented with complaints that included right shoulder pain, right knee pain, and to address treatment denials. Pain level was rated as 7 out of 10 in the right knee on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included declined oral pain medications, Voltaren gel was denied, continue Bengay, continue home exercise program for right shoulder pain, schedule acupuncture for persistent pain, request-heating pad for flaring right knee pain, referral for ortho and completed physical therapy for right shoulder. Disputed treatment includes right knee heating pads.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME; Right knee heating pads:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. In this case, the patient has flare of right knee pain. Heat is a recommended treatment option for knee pain per the ACOEM, therefore the request is certified.