

Case Number:	CM15-0058167		
Date Assigned:	03/30/2015	Date of Injury:	08/31/2012
Decision Date:	07/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 08/31/2012. He reported sustaining repetitive trauma injuries secondary to daily work activities that included his bilateral arms, right knee, neck, and low back, along with hearing loss. The injured worker was diagnosed as having bilateral medical epicondylitis with ulnar nerve entrapment at the elbow, bilateral shoulder internal derangement with impingement, lumbar myoligamentous injury, right knee internal derangement, chronic tinnitus with dizziness and confusion, and coronary artery disease status post angioplasty with residual angina. Treatment and diagnostic studies to date has included medication regimen, electromyogram with nerve conduction velocity, and above listed procedure. In a progress note dated 01/21/2015 the treating physician reports complaints of pain to the low back that radiates to the bilateral lower extremities. The injured worker also has complaints of pain to the upper extremities that radiates up and down the arms, along with deep knee pain under the patella. The pain to the low back and lower extremities is rated a 7 on a scale of 0 to 10. Examination reveals tenderness on palpation to the cervical and lumbar muscles with muscle rigidity and decreased range of motion. The examination also revealed right knee tenderness along the medial and lateral joint lines with mild crepitus. The treating physician requested hot packs for the bilateral knees and bilateral knee braces, but the documentation did not indicate the specific reasons for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot pack for bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, heat/cold packs.

Decision rationale: The ODG lists heat/cold packs as recommended. Ice massage compared to control had a statistically beneficial effect on range of motion, 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. Overall heat/cold packs are a recommended and appropriate modality, and therefore the request is considered medically necessary.

Right knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TWC Knee, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The MTUS addresses knee braces and states that such devices may be used for patellar instability, ACL tear, or MCL instability although benefits are more related to increased patient security/confidence rather than actual increased anatomic stability. In general, the MTUS only recommends knee braces for patients who will be stressing their knee under a load (i.e. ladder climbing, carrying objects, etc.). In general, knee braces are usually unnecessary for the average patient. Therefore, based on the guidelines and provided records, in the opinion of this reviewer the request for a knee brace is not medically necessary, as it is unlikely to provide improvement in clinical function.

Knee brace for L knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, TWC Knee, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The MTUS addresses knee braces and states that such devices may be used for patellar instability, ACL tear, or MCL instability although benefits are more related to increased patient security/confidence rather than actual increased anatomic stability. In general,

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