

Case Number:	CM13-0047668		
Date Assigned:	07/30/2014	Date of Injury:	07/18/2013
Decision Date:	09/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64 year old male who was injured at work on 7/18/2013. The injury was primarily to his right knee. He is requesting review of denial for the purchase of a foam wedge pillow for the left knee. The medical records corroborate ongoing care for the treatment of his injury. The recurring diagnosis is: "Strain Right Knee." Treatment has included: Activity modification, physical therapy, a self-directed home exercise program, hot/cold packs, a knee brace, and NSAIDs (i.e. Lodine).

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A FOAM WEDGE PILLOW FOR THE LEFT KNEE: 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, DME.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment.

Decision rationale: The MTUS/ACOEM Guidelines comment on the methods of symptom control for knee complaints. These are described in Table 13-3. In summary, recommended

methods include the following: NSAIDs, activity modification, cold packs, a self-directed home exercise program, physical therapy, and crutches and an immobilizer (when necessary). There is no comment in these guidelines on the use of a foam wedge pillow. The Official Disability Guidelines comment on the use of durable medical equipment (DME) for knee and leg problems. These guidelines state that DME devices are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME); that the device serves a "medical purpose." The medical records do not describe how a foam wedge pillow would function to serve a medical purpose in the treatment of this patient's knee problem. The above stated guidelines do not include the use of a wedge pillow for any type of knee problem. Therefore, a purchase of a foam wedge pillow for the left knee is not considered as medically necessary.