

Case Number:	CM14-0145016		
Date Assigned:	09/12/2014	Date of Injury:	01/24/2013
Decision Date:	10/15/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 68-year-old female with a reported injury on 01/24/2013. The mechanism of injury was a fall from a stool. The injured worker's diagnoses included knee arthralgia, knee degenerative osteoarthritis, closed tibial fracture, limb swelling, ankle/foot arthralgia, genu valgum/valgus deformity, muscular wasting and disuse atrophy, and nonunion of fracture. The injured worker's previous treatments included ice/heat; rest with the use of a walker, a home exercise program, and medications. The injured worker's previous diagnostic studies included x-rays of the right knee and ankle on 08/02/2013, an MRI of the right knee on 10/01/2013, and x-rays of the right knee on 11/22/2013, 12/20/2013, 01/01/2014, and 03/21/2014. The right knee was also x-rayed on 04/24/2014, which revealed a valgus knee deformity, proximal tibial plateau fracture, and healing callus, incomplete. No pertinent surgical history was provided. The injured worker was evaluated for right knee pain rated as 8/10 to 9/10 on 04/24/2014. She was noted to be using a rolling walker. The injured worker reported use of a Kneehab muscle stimulator and a bone growth stimulator. The clinician observed and reported a focused examination of the right knee. The gait was antalgic with the use of a walker. The injured worker was unable to heel rise, toe rise, or squat. The right knee had minimal swelling, multiple dry red patches, 1 cm quadriceps atrophy, and a valgus knee deformity. Tenderness was noted at the lateral joint line and patellofemoral area. Range of motion was listed as 0 to 135 degrees. There was subpatellar crepitation on range of motion to the right knee. The McMurray test was positive on the right from medial pain. Knee and ankle jerks were 1/2 bilaterally. Motor strength was measured at 4/5 in 4 tested areas bilaterally. Sensation was intact to light touch and pinprick. Range of motion of the right foot was noted to be decreased: dorsiflexion at 15 degrees, plantarflexion at 30 degrees, inversion and eversion were both 20 degrees. There

was 3+ pitting edema noted to the right foot. The clinician's treatment plan was to continue ice and heat as needed, home exercise program, over the counter non-steroidal anti-inflammatory and analgesic medications as needed, weight bearing as tolerated with walker, lateral and motor brace to treat valgus deformity, continue bone stimulator to right knee, and continue to use Kneehab unit. The injured worker's medications included lorazepam 1 mg; Tylenol/codeine No. 3, 300 to 30 mg, 1 tablet every 4 to 6 hours while awake as needed for pain. The requests were for Kneehab NMES unit conductive garment x4 months; mini stationary bike, small unit, pedals only; and lateral unloader brace. No rationale for these requests was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mini stationary bike (small unit, pedals only): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME), Exercise equipment.

Decision rationale: The injured worker continued to complain of right knee pain. The California MTUS/ACOEM Guidelines state that sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems, as an alternative to surgery or for postoperative rehabilitation. Properly conducted, these programs minimize the active participation of the therapist, and direct the patient to take an active role in the program by simply using the equipment after instruction and then graduating to a home exercise program. The California MTUS/ACOEM Guidelines do not specifically address exercise equipment. The Official Disability Guidelines define durable medical equipment as equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. Exercise equipment is considered not primarily medical in nature; and therefore, is not recommended. A request for physical therapy was initiated by the providing clinician. Additionally, the request did not include a frequency of use. Therefore, the request for mini stationary bike (small unit, pedals only) is not medically necessary.

Lateral unloader brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The injured worker continued to complain right knee pain. The California MTUS/ACOEM Guidelines state that a brace is usually necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The injured worker uses a walker for ambulation and is unlikely to participate in activities that stress the knee such as climbing ladders or carrying boxes. Additionally, the request does not include a size or whether this is a custom made device, nor does it include a frequency of use. Therefore, the request for lateral unloader brace is not medically necessary.

Kneehab (NMES) unit: Conductive garment x 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The request for Kneehab (NMES) unit: conductive garment x4 months is not medically necessary. The injured worker complained of right knee pain. The California MTUS Chronic Pain Guidelines do not recommend the use of neuromuscular electrical stimulation for chronic pain. The injured worker was instructed to continue her home exercise program and authorization for physical therapy was pending. Therefore, the request for a Kneehab NMES unit: conductive garment x4 months is not medically necessary.