

Case Number:	CM14-0147270		
Date Assigned:	09/15/2014	Date of Injury:	02/25/2011
Decision Date:	10/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Louisiana. 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 57 year old female who was injured on 02/25/2011. The mechanism of injury is unknown. The patient underwent right rotator cuff repair. Prior treatment history has included 12 sessions of physical therapy, Hyalgan injections, which were helpful. Prior medication history included Neurontin, Flexeril, Tramadol, and Naproxen. EMG/NCV studies dated 06/2012 were unremarkable. Progress report dated 07/31/2014, indicates the patient has facet inflammation at L5-S1 and multilevel disc disease. On exam, there is tenderness along the knee laterally with weakness to resisted function. Range of motion revealed knee extension is 180 degrees and flexion is 120 degrees. The patient is diagnosed with chronic right knee pain due to lateral meniscal tear; multilevel disc disease; and discogenic cervical condition with multilevel disc disease. The patient was recommended neck traction with air bladder as she has headaches related to her discogenic cervical condition and unloading brace for bilateral knees. Prior utilization review dated 08/11/2014, states the requests for neck traction with air bladder; and unloading brace for both knees are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Traction

Decision rationale: The Official Disability Guidelines (ODG) recommended home traction as an option for patients with radicular symptoms, in conjunction with a home exercise program. There is no supporting documentation indicating any objective findings consistent with cervical radiculopathy or any evidence of a home program being discussed to support this type of treatment. Therefore, the request is not medically necessary.

Unloading brace for both knees: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Unloader Knee brace,

Decision rationale: The Official Disability Guidelines (ODG) recommended an unloader brace to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee. There is no supporting documentation of any recent ongoing knee complaints, objective exam findings, or imaging reports that suggest the patient has medial compartment of the knees. Therefore, this request is not medically necessary.