

Case Number:	CM14-0173528		
Date Assigned:	10/24/2014	Date of Injury:	08/15/2009
Decision Date:	12/03/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 61 year old female with date of injury 8/15/09. The treating physician hand written report dated 9/25/14 indicates that the patient presents with pain affecting the right elbow, right thigh, left leg weakness and improved bilateral knee pain. The physical examination findings reveal a weight of 270 pounds, spasms, tenderness of the right elbow with decreased ROM and decreased strength. The current diagnoses are: 1. Bilateral tricompartmental OA right greater than left 2. Right knee OA s/p right knee total replacement 3. Right elbow DJD The utilization review report dated 10/14/14 denied the request for bilateral light weight wrap around knee wraps based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral light weight wrap around knee wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Worker's Compensation 2014 Web Based Edition

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

Decision rationale: The patient presents with chronic right elbow pain and is status post-surgical bilateral total knee replacement (right 12/21/12 and left 12/5/13). The current request is for Bilateral light weight wrap around knee wraps. The treating physician reports dated 9/25/14 and 8/21/14 state, "Request light weight wrap around bilateral knees." The treating physician does not provide any indication for this request. The MTUS guidelines do not address knee wraps. The ODG guidelines are silent on this issue for patients that have had total knee replacement. ODG recommends durable medical equipment if there is a medical need for a device or system and it meets Medicare's definition of DME (durable medical equipment). In this case the treating physician has simply stated a request for light weight wraps for the knees. There is no rationale provided to indicate what the wraps are to be used for and these wraps do not meet Medicare's criteria of durable medical equipment. Therefore, this request is not medically necessary.