MAXIMUS Federal Services

Case Number:	CM14-0174266		
Date Assigned:	10/24/2014	Date of Injury:	06/02/2014
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Practice and is licensed to practice 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:

44 yr. old male claimant sustained a work injury on 6/2/14 involving the left knee. He was diagnosed with an internal derangement of the knee. His pain was treated with Topical Lidopro and oral Tramadol. A progress note on 9/23/14 indicated the claimant had 6/10 pain in the left knee. He had undergone physical therapy. Exam findings were notable for limited flexion, positive McMurray's test, positive Lachman's test, and medial joint line tenderness. The physician requested hot/cold wraps and 2 units of Joint addition Polycentric.

IMR ISSUES, DECISIONS AND RATIONALES

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

Joint Addition Polycentric (Units) Qty: 2: 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): 346.

Decision rationale: According to the guidelines, knee braces and orthosis are not recommended for prophylaxis or for prolonged periods for an ACL tear. The claimant's injury was not acute and he did not have the above diagnosed. The request for a joint addition polycentric is not medically necessary.

Hot & Cold Wrap Qty: 1: 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): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain

Decision rationale: According to the guidelines, Cold Packs are beneficial for range of motion but hot packs do not affect pain or edema. The claimant's injury was not acute. The combination of heat/cold packs are not medically necessary.