

Case Number:	CM14-0212444		
Date Assigned:	01/02/2015	Date of Injury:	05/17/2013
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an injury date of 05/17/13. Based on the 11/05/14 progress report provided by treating physician, the patient complains of continued right knee pain which is improving following 4 visits of physical therapy. Patient is status post right knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty, and synovectomy on 09/30/14. Physical examination 11/05/14 revealed tenderness to palpation and slight swelling of the right knee, minimal warmth on the lateral aspect. Range of motion was decreased on flexion at 100 degrees. The patient is currently prescribed Norco. Diagnostic imaging was not included with the report. Patient is temporarily not working. Diagnosis 11/05/14, Bilateral knee sprains, Bilateral knee sprains and contusions, Lumbosacral sprain, Cervical sprain, Moderate disc herniation at C5-C6, Multilevel lumbar disc herniations at L2-S1 with moderate bilateral neuroforaminal stenosis at L4-L5, Right knee meniscus tear, S/P right knee arthroscopy. The utilization review determination being challenged is dated 12/03/14. The rationale follows: 1) Thermacure, 30 day rental: "Guideline criteria have not been met while prescribed at home cool therapy is recommended, there is no evidence that a self-applied ice pack is not efficacious." 2) Mobileggs": This device may be efficacious when utilized intermittently for repair protection and pain control. Therefore, this request IS medically necessary." NOTE: 12/03/14 UR recommendation is that Mobileggs IS medically necessary. Treatment reports were provided from 07/10/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure, 30 day rental: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, heat/cold

Decision rationale: The patient presents with continued right knee pain which is improving following 4 visits of physical therapy. Patient is status post right knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty, and synovectomy on 09/30/14. The request is for Thermacure, 30 day rental. Physical examination 11/05/14 revealed tenderness to palpation and slight swelling of the right knee, minimal warmth on the lateral aspect. Range of motion was decreased on flexion at 100 degrees. The patient is currently prescribed Norco. Diagnostic imaging was not included with the report. Patient is temporarily not working. The ODG Guidelines knee chapter under heat/cold state, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis." While patient presents with persisting pain and mild swelling post operatively, the requested device for hot/cold therapy is generally only utilized in the immediate post-operative timeframe per ODG. ODG does not support use of heat post-operatively, nor is there any discussion regarding heat pad mechanical units for chronic use. The request is not medically necessary.

Purchase of mobilegs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Walking aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, walking aids (canes, crutches, braces, orthoses, and walkers)

Decision rationale: The patient presents with continued right knee pain which is improving following 4 visits of physical therapy. Patient is status post right knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty, and synovectomy on 09/30/14. The request is for Purchase of mobilegs. Physical examination 11/05/14 revealed tenderness to palpation and slight swelling of the right knee, minimal warmth on the lateral aspect. Range of motion was decreased on flexion at 100 degrees. The patient is currently prescribed Norco. Diagnostic imaging was not included with the report. Patient is temporarily not working. ODG guidelines knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and

walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." The patient's chief complaint of knee pain stemming from her operation and knee arthritis could benefit from the use of crutches. While ODG does not set forth recommendations on a particular brand or class of walking aids, it does not specifically prohibit proprietary ergonomic designs, either. Furthermore, it appears that this request was originally approved by initial UR reviewer. The request is medically necessary.