

Case Number:	CM14-0141063		
Date Assigned:	09/10/2014	Date of Injury:	02/16/2010
Decision Date:	11/14/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 47-year-old male with a date of injury of 02/18/2010. The listed diagnoses per [REDACTED] are: 1. Status post left knee arthroscopy x3 with residuals. 2. Severe tricompartmental degenerative disease, left knee. 3. Right knee musculoligamentous sprain /strain. 4. Lumbar spine sprain/strain. 5. Lower extremity radicular pain and paresthesia. 6. Diabetes, sleep disorder, GERD. 7. Anxiety and depression. 8. Sexual dysfunction. According to progress report 07/15/2014, the patient presents with low back and left knee pain. He also complains of difficulties going to sleep. Examination of the lower back revealed moderate tenderness to palpation over the lumbar vertebral musculature. Range of motion was decreased in all planes. Straight leg raise test, Braggard's test, Kemp's test, and Valsalva maneuver's test were positive bilaterally. Examination of the bilateral knee revealed healed surgical scars over the left knee associated with mild edema. There was also mild edema noted over the right knee. There is tenderness to palpation over the medial and lateral aspects of the bilateral knee. McMurray's tests were noted as positive bilaterally. Medial and lateral joint line tenderness was noted on both legs. Sensory examination revealed deficit over the bilateral L5-S1 dermatomes. The treater is requesting a Pro OTS hinged knee brace and SolarCare FIR heating system. Utilization review denied the request on 08/04/2014. Treatment reports from 02/12/2014 through 07/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-OTS Hinged Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 06/05/2014), Knee Brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter Knee & Leg.

Decision rationale: This patient presents with continued low back and bilateral knee complaints. The treater is requesting a knee brace "to empower my patient to become independent and help him take a role in the management of his systems." Treater states that the knee brace is medically necessary, as it can help cure or relieve the patient's injury and it would help instruct him to protect and stabilize the joint. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." However, for a custom-made knee brace, ODG recommends it for abnormal limb contour, skin changes, severe osteoarthritis and extreme obesity. In this case, such is not documented. While the patient may be a candidate for a off-the shelf knee brace, custom-made knee brace is not supported by the guidelines. The request for Pro-OTS Hinged Knee Brace is not medically necessary.

Solarcare FIR Heating System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/03/2014), Heat Therapy; Cold/ Heat Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, under Infrared therapy (IR)

Decision rationale: This patient presents with continued low back and bilateral knee complaints. The treater is requesting a SolarCare FIR heating system to be utilized "several times a day for upwards of a few months." The ACOEM and MTUS guidelines do not discuss Infrared therapy. Therefore, ODG guidelines were referenced. ODG regarding infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." In this case, the patient's low back pain is now well into the chronic phase. ODG states a limited trial may be considered for treatment of "acute LBP." In addition, this heat modality is not recommended over other conventional heat therapies. The request for Solarcare FIR Heating System is not medically necessary.

