

Case Number:	CM13-0033006		
Date Assigned:	12/06/2013	Date of Injury:	09/08/2011
Decision Date:	03/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 51-year-old male who reported an injury on 09/08/2011. The mechanism of injury was twisting. The patient's initial course of treatment included physical therapy and a home exercise program as well as an MRI of the left knee dated 10/10/2011, showing no abnormalities. The patient returned to work with modified duties to include driving only automatic transmission vehicles and conservative care, to include anti-inflammatories, was continued for left knee pain. The patient is noted to have had an EMG/NCV study on 01/13/2013 that showed no abnormalities. On 03/28/2013, a physical medicine and rehabilitation specialist noted a medial meniscal tear to the left knee and the patient was determined to be temporary totally disabled with no reason given. The patient currently complains of persistent left knee pain that worsens with general activities and normal work, including prolonged walking, standing, and climbing. The patient is noted to be utilizing a cane, crutches, or walker with locomoting long distances, as well as a knee brace. Physical examination performed on 09/12/2013 noted joint line tenderness to the left knee, crepitus, 110 degrees of flexion, and normal muscle strength, sensation, and reflexes throughout. Although the patient continues to be employed by the same pre-injury employer, he is currently not working despite being released to modified duty of driving automatic transmissions only.

IMR ISSUES, DECISIONS AND RATIONALES

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

custom knee brace: 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), Knee Chapter, Criteria for use of knee braces

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

Decision rationale: California MTUS/ACOEM Guidelines do not address custom knee braces. Therefore, Official Disability Guidelines were supplemented. Official Disability Guidelines state custom fabricated knee braces may be appropriate for patients with certain conditions to include abnormal limb contour such as knock kneed, bow legged, tibia varum, a large thigh and small calf, and minimal muscle mass; skin changes such as extensive redundant soft skin or thick skin with risk of breakdown; severe osteoarthritis; maximal offloading of painful or repaired knee compartment (heavy patient; significant pain); and severe instability as noted on physical examination of the knee. The clinical notes submitted for review state the patient has a stable pain level of 7-8/10 and the QME report dated 09/12/2013 reported the patient is morbidly obese. According to Official Disability Guidelines of maximal offloading of painful or repair of knee compartments, especially in heavy patients with significant pain, a custom knee brace is indicated. However, the clinical information submitted does not indicate that a pre-fabricated knee brace has been attempted and not found to be beneficial. As such, the request for a custom knee brace is non-certified.

Pain psychology treatment (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: California MTUS Guidelines recommend psychological treatment for appropriately identified patients for the treatment of chronic pain. Guidelines provide a 3-step approach to pain management that involves psychological intervention. The first step includes identifying and discussion of specific concerns the patient has about pain. At this point, the psychologist would provide education and training on self-management of pain. The second step includes identification of patients who continue to experience pain and disability after the usual time of recovery. At this point, the psychologist should screen, assess goals, and provide further treatment options to include brief individual or group therapy. Step 3 includes treating those patients that have sustained pain in spite of continued psychological therapy and therefore, require intensive mental health care. The patient has participated in the first step of pain management as he has received therapy and medications and has continued a home exercise program. The patient now lies in step 2 that would indicate a psychological consultation and perhaps brief individual therapy. There is no evidence in the clinical record submitted for review that the patient has received a psychological evaluation, and therefore, it is not determined if he

requires 8 sessions of psychological treatment for his chronic pain. As such, the guidelines have not been met and the decision for 8 sessions of pain psychology is non-certified.

functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter, FCEs

Decision rationale: California MTUS/ACOEM Guidelines state an FCE is an acceptable tool for assessing delayed recovery and functional status. Official Disability Guidelines recommend Functional Capacity Exams prior to the admission to a work hardening program. Criteria that must be met before performing an FCE includes record of prior unsuccessful return to work attempts; conflicting medical reporting on precautions or fitness for modified job duties; injuries that require a detailed exploration of a worker's ability; the patient must be close or at, maximum medical improvement; and any additional or secondary conditions have been clarified. Guidelines state an FCE is not appropriate if its sole purpose is to determine a worker's effort or compliance or a worker has returned to work and an ergonomic assessment has not been arranged. In the medical records submitted for review, there was no record of prior unsuccessful return to work attempts. On the contrary, the patient reported that changing to automatic vehicles was very helpful. There are no conflicting medical reports regarding the patient's fitness for a modified job, as it is continuously reported the patient can return to work on modified duty. There is also no indication in the medical records submitted for review that the patient is at maximum medical improvement or is anticipating entrance into a work hardening program. As such, the guideline recommendations have not been met, and the decision for FCE is non-certified.