MAXIMUS Federal Services

Case Number:	CM13-0044076		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2009
Decision Date:	04/25/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 54-year-old female who reported an injury on 07/21/2009. The mechanism of injury was not stated. The patient is currently diagnosed with left ankle/foot internal derangement and left knee strain. The patient was seen by [redacted] on 09/19/2013. The patient reported persistent left knee pain. Physical examination on that date revealed intact sensation in the left lower extremity. Treatment recommendations at that time included 6 sessions of aquatic therapy, 6 sessions of physical therapy, a left knee brace, and a followup visit with pain medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY FOR THE LEFT KNEE (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The MTUS Chronic Pain Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, there is no evidence of a comprehensive physical

examination. Therefore, there is no indication that this patient requires reduced weightbearing as opposed to land-based physical therapy. There is also no evidence of a significant musculoskeletal or neurological deficit. Based on the clinical information received and the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

PHYSICAL THERAPY FOR THE LEFT KNEE (6 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, there was no evidence of a comprehensive physical examination of the left knee. Therefore, there is no evidence of a significant musculoskeletal or neurological deficit. The medical necessity for the requested service has not been established. As such, the request is not medically necessary and appropriate.

A LEFT KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There is no evidence of this patient's active participation in a home exercise program. There was no comprehensive physical examination provided on the requesting date of 09/19/2013. Therefore, there is no evidence of significant instability. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.

FOLLOW UP EVALUATION WITH A PAIN MEDICINE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: ACOEM Guidelines state physician followup is appropriate when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. There is no documentation of chronic pain syndrome. The patient's current medication list was not provided. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is also no evidence of an exhaustion of conservative treatment. The medical necessity for the requested followup visit has not been established. Therefore, the request is not medically necessary and appropriate.