

Case Number:	CM14-0002275		
Date Assigned:	01/24/2014	Date of Injury:	04/23/2009
Decision Date:	06/16/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, Sports Medicine 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 injured worker is a 54-year-old male who reported an injury on 04/23/2009. The mechanism of injury was the injured worker was trying to close the 2 doors on the back of the truck and he used a metal bar to straighten a locking mechanism that screwed the door. While doing this, his right leg twisted inward and he became injured. The injured worker had been treated with x-rays, surgery, and physical therapy. The documentation of 12/12/2013 revealed the injured worker had right knee pain and limited bending. Cold weather increased pain as the day went on. The injured worker had limited standing, walking, and could not be on uneven ground. The injured worker had limited stairs. The objective findings included swelling to the right knee with atrophy of the right thigh. There was poor contraction on the right quad. The injured worker had arthrofibrosis of the right knee. The treatment plan included a closed manipulation of the right knee as the injured worker did not have functional range of motion. The request indicated the injured worker would need a full clearance for general anesthesia due to diabetes, hypertension, a follow-up with a pain management, x-rays of the pelvis, postoperative physical therapy, CPM x2 weeks and transportation, as well as, a cane and a hinged knee brace due to the need for bilateral knee braces. The injured worker would continue to have permanent and stationary status. The diagnoses included right knee strain lateral meniscus tear status post arthroscopy of the right knee and partial medial/lateral meniscectomies, chondroplasty, patellofemoral synovectomy on 12/02/2009 and status post arthroscopy of the right knee debridement patellofemoral lysis of adhesions MUA 03/24/2010 as well as left knee osteochondral defect and meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE CLOSED MANIPULATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Manipulation Under Anesthesia.

Decision rationale: The Official Disability Guidelines recommend manipulation under anesthesia for the treatment of arthrofibrosis once there is documentation of an attempted trial of 6 weeks or more of conservative treatment including exercise, physical therapy, and joint injections that have failed to restore range of motion and relieve pain. The clinical documentation submitted for review indicated the injured worker had arthrofibrosis of the right knee. The clinical documentation indicated the injured worker had previously undergone a manipulation under anesthesia in 2010. There was a lack of documentation of objective functional improvement that was received from the prior manipulation under anesthesia. There was a lack of documentation indicating the injured worker had attempted a trial of conservative treatment of 6 weeks or more including exercise, physical therapy, and joint injections that had failed to restore range of motion and relieved pain. Given the above, the request for right knee closed manipulation is not medically necessary.

POST-OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

CONTINUOUS PASSIVE MOTION (CPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Continuous Passive Motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Postoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

CANE: 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 Aid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines indicate that the use of a cane and walking slowly could be a simple and effective intervention strategy for patients with osteoarthritis. The clinical documentation submitted for review indicated the injured worker had arthrofibrosis of the right knee. It was indicated the injured worker had difficulty walking on an uneven ground. The injured worker was noted to fall previously. There was a lack of documentation indicating the reason for denial of the prior request. Given the above, and the documentation of difficulty walking on uneven ground, as well as the history of falling, the request for a cane would be supported and is therefore medically necessary.

HINGED 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: The ACOEM Guidelines indicate a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. There was a lack of documentation indicating the injured worker had returned to work. The request as submitted failed to indicate which knee the brace was for. Given the above, the request for a hinged knee brace is not medically necessary.