

Case Number:	CM14-0139099		
Date Assigned:	09/05/2014	Date of Injury:	06/08/2003
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/27/2014

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 and Rehabilitation 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:

Medical records reflect the claimant is a 53 year old female who sustained a work injury on 6-8-03. The claimant has undergone anterior cruciate ligament (ACL) reconstruction on 7-6-12. The claimant underwent a radiofrequency ablation (RFA) to the lumbar spine on 8-1-14. Office visit on 8-22-14 notes the claimant reports aching, sharp shooting and throbbing pain. On average her pain is 5/10. The claimant is currently being treated with medications. On exam, the claimant has 95 degrees of left knee flexion and 180 degrees of knee extension, strength 4+/5 in left knee flexion and extension. Sensation is intact bilaterally. The claimant has positive anterior and posterior drawer test on the left. The claimant has an ataxic gait to the left. The claimant has severe valgus deformity on the left and joint instability present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 2 x 5 Physical Therapy Visits for Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter - Physical Therapy.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The claimant had been provided with physical therapy in the past. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. Therefore, the medical necessity of this request is not established.

Request for Left Knee Brace (Hard Medial Unloader): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter - Unloader Bracing.

Decision rationale: Medical Records reflect this claimant had ACL repair in 2012. She has positive anterior and posterior drawer test on the left. The claimant has an ataxic gait to the left. The claimant has severe valgus deformity on the left and joint instability present. ACOEM notes that Functional bracing has been used to prevent and treat ACL injuries. ODG reflects the use of an unloader brace when there is instability. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Therefore, the medical necessity of this request is established. This claimant has positive physical exam findings to support this request.