

<b>Case Number:</b>	CM14-0141856		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and 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 injured worker is a 30-year-old female who sustained an injury on 6/21/12. As per the report of 7/14/14, she complained of pain and swelling to the left knee and instability with bending. She had improved stiffness, but she experienced locking sensation, which she felt inferior to the left patella. Left knee exam revealed mild tenderness and swelling over the medial and lateral joint lines and patella. She had painful pivot shift test and varus stress test. Well healed surgical scar was noted. Muscle strength revealed flexors and extensors 4/5. MRI (undated) confirmed complex meniscus tear as well as the anterior cruciate ligament tear. MRI of the left knee dated 07/16/13 revealed mild diffuse increased signal throughout the anterior cruciate ligament, very mild chondral thinning along the femoral trochlea and minimal cartilage thinning along the posterior margin of the medial femoral condyle. X-ray of the left knee dated 01/31/14 revealed osteoarthritis of the left knee with effusion. She underwent left knee arthroscopy, abrasive chondroplasty, micro-fracturing of the patella, femur and the tibia; partial medial and lateral meniscectomy of the left knee; thermal shrinkage of the anterior cruciate ligament tear of the left knee; and lysis of adhesions along with release of contracture of the left knee with synovectomy on 02/04/14. Current medications include Motrin and Lidoderm patch. Post-op PT 3x4 for the left knee and DME knee brace was approved on 2/20/14. There was no documentation of previous PT sessions or functional improvements. No documentation if she was stressing the knee under load. Diagnoses include meniscus tear of the left knee, ACL tear, loose body in knee, and joint contracture. The request for additional physical therapy 3x4 weeks (12 sessions) on the left knee and DME left knee were denied on 07/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 3 Times A Week for 4 Weeks (12 Sessions) on The Left Knee:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

**Decision rationale:** As per CA MTUS guidelines, physical medicine 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 ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis, pain or derangement of meniscus and 12 visits over 12 weeks for post-surgical PT. In this case, the IW has received 12 PT post-operatively; however, there is no record of progress notes with documentation of any improvement in the objective measurements (i.e. pain, ROM, strength) in order to support any indication of more PT visits. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Nonetheless, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.

**Durable Medical Equipment (DME): Left Knee Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

**Decision rationale:** Per ODG, the criteria for knee braces are: knee instability, ligamentous insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful unicompartamental OA, Tibial plateau fracture. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Evidence that knee braces used for the treatment of osteoarthritis mediate pain relief and improve function by unloading the joint (increasing the joint separation) remains inconclusive. In this case, the records indicate that the surgery was done on 2/4/14 and the IW has already had 12 post-op PT. Furthermore, there is no evidence of the left knee is being stressed under load. The records do not show that the above criteria are being met in this IW. As such, the request is not medically necessary due to lack of documentation and per guidelines.

