

Case Number:	CM14-0152597		
Date Assigned:	09/22/2014	Date of Injury:	10/05/2012
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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 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:

This 46-year-old female caregiver sustained an industrial injury on 10/5/12. Injury occurred when she slipped in the shower and her leg twisted back. The patient underwent right knee arthroscopy with debridement, partial synovectomy, chondroplasty, and partial lateral meniscectomy on 6/27/13, and right knee arthroscopy with lateral meniscal allograft and chondroplasty medial femoral condyle on 2/19/14. Records indicated that the patient attended 16 visits of physical therapy as of 6/23/14 with functional improvement noted in range of motion and strength. There was residual 5-/5 hamstring weakness, 4/5 right hip extension weakness, and 5/5 quadriceps strength. Thigh girth was 39.5 cm left and 39 cm right. The 8/1/14 treating physician report indicated that the patient had not improved significantly. She complained of grade 2/10 pain, increased with prolonged walking and standing. She reported increased nighttime pain over the past 6 weeks. Pain was lateral, anterior, and posterior. Physical exam documented patellofemoral crepitus, range of motion 0-125, minimal effusion, and moderate quadriceps atrophy. Physical therapy was requested due to increased patellofemoral pain and to strengthen atrophied quadriceps to help with patellar alignment. A varus unloader brace was requested to unload the meniscus transplant. The 8/28/14 utilization review denied the request for additional post-op physical therapy as there was no documented symptomatic or functional improvement from previous therapy sessions. The patient had completed 20 post-op visits which should have provided ample time to transition to a dynamic home exercise program. The request for a varus unloader brace was denied as there was no documentation of varus instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post operative physical therapy, right knee QTY: 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 9, 98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient completed at least 16 post-op physical therapy visits during the post-surgical treatment period with functional improvement noted in range of motion and strength. As of 6/23/14, right knee strength was reported 5/5 with functional range of motion. Physical therapy records documented instruction in a home exercise program. There is no compelling reason submitted to support the medical necessity of additional supervised physical therapy over an independent home exercise program to achieve rehabilitation goals. Therefore, this request is not medically necessary.

Purchase of Varus unloader knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Braces

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Unloader braces for the knee, Knee braces

Decision rationale: The California MTUS guidelines do not provide specific recommendations for unloader braces. The Official Disability Guidelines recommend unloader braces to reduce pain and disability associated with medial compartment osteoarthritis. Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. This patient is status post lateral meniscal allograft and medial femoral condyle chondroplasty. This brace has been requested to unload the meniscal transplant. Therefore, this request is medically necessary.