

Case Number:	CM14-0156526		
Date Assigned:	09/26/2014	Date of Injury:	06/28/2011
Decision Date:	12/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 6/28/11 date of injury, and status post right knee arthroscopy (undated). At the time (9/11/14) of the Decision for authorization for Aqua therapy to cervical, thoracic, lumbar spine and right knee 3x4 and DME Bioskin patella tracking brace, right knee, there is documentation of subjective (knee pain and swelling increasing, leg giving way more, neck pain, and low back pain) and objective (positive McMurray's test on right, positive Apley's test, positive medial and lateral joint line tenderness, and positive chondromalacia patella compression test) findings, current diagnoses (right knee ACL instability, rule out recurrent internal derangement, cervical spine strain/sprain, lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy, right greater than left), and treatment to date (physical therapy and Synvisc injections). Regarding Aqua therapy to cervical, thoracic, lumbar spine and right knee 3x4, there is no documentation of an indication for which reduced weight bearing is desirable and exceptional factors to justify going outside of guideline parameters. Regarding DME Bioskin patella tracking brace, right knee, there is no documentation that the patient is going to be stressing the knee under load, abnormal limb contour; Skin changes or severe instability as noted on physical examination of knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy to cervical, thoracic, lumbar spine and right knee 3x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic therapy; Neck & Upper Back, Physical therapy; Knee, Physical therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 10 visits over 8 weeks in the management of sprains and strains of unspecified sites of back, 10 visits over 8 weeks in the management of sprains and strain of neck, and 9 visits over 8 weeks in the management of pain in joint. Within the medical information available for review, there is documentation of diagnoses of right knee ACL instability, rule out recurrent internal derangement, cervical spine strain/sprain, and lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy, right greater than left. However, there is no documentation of an indication for which reduced weight bearing is desirable (extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, the proposed Aqua therapy to cervical, thoracic, lumbar spine and right knee 3x4 exceed guidelines. Furthermore, there is no documentation of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for Aqua therapy to cervical, thoracic, lumbar spine and right knee 3x4 is not medically necessary.

DME Bioskin patella tracking brace, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and

combined with a rehabilitation program. ODG identifies documentation of abnormal limb contour (such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); Skin changes (such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or Severe instability as noted on physical examination of knee), as criteria necessary to support the medical necessity of custom-fabricated knee braces. Within the medical information available for review, there is documentation of diagnoses of right knee ACL instability, rule out recurrent internal derangement, cervical spine strain/sprain, and lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy, right greater than left. However, there is no documentation that the patient is going to be stressing the knee under load. In addition, there is no documentation of abnormal limb contour (Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf, or Minimal muscle mass on which to suspend a brace); Skin changes (Excessive redundant soft skin, Thin skin with risk of breakdown, Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment, or Severe instability as noted on physical examination of knee). Therefore, based on guidelines and a review of the evidence, the request for DME Bioskin patella tracking brace, right knee is not medically necessary.