

Case Number:	CM14-0164875		
Date Assigned:	10/09/2014	Date of Injury:	07/31/2012
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 31 year old with an injury date of 7/31/12. ([REDACTED] refers to this patient as "she" but the gender box that was checked is male.) Based on the 8/14/14 progress report by [REDACTED], this patient complains of "intermittent LBP" with some numbness and tingling. This patient also complains of "L knee P," which increases with "lifting, pushing, (illegible), walking, and climbing." Exam of this patient's low back and knee are (partially illegible) with "TTP, (+) Lachmann test, (+) McMurray's test (L)" with "Treatment rendered: physiotherapy/chiropractic TX 3x2 per MTUS to L/S and (L) knee." Diagnoses for this patient are: 1. L Knee S/S Chronic R/O internal derangement 2. Chronic L/S S/S3. L/S Spasm The utilization review being challenged is dated 9/26/14. The request is for the remaining two sessions of (L) knee physiotherapy rehab, therapeutic exercise and manual therapy x 2 and (L) knee brace. The requesting provider is [REDACTED] and he has provided various progress reports dated 7/25/14 to 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Physiotherapy Rehab, therapeutic exercise and manual therapy # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Treatments, Page(s): 58, 59.

Decision rationale: This patient presents with left knee pain and tenderness. The treater requests the remaining two sessions of (L) knee physiotherapy rehab, therapeutic exercise and manual therapy x 2. Noted in the 7/25/14 report, this patient "has not shown improvement either subjectively in terms of pain or objectively in terms of tenderness or range of motion. However, he has shown functional restoration in terms of work ability and activities of daily living with his left knee." According to CA MTUS guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions and is also widely used in the treatment of musculoskeletal pain. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. While it is recommended as a treatment option for the low back, manual therapy and manipulation is not recommended for the ankle & foot, carpal tunnel syndrome, forearm, wrist & hand, or the knee. While physiotherapy/chiropractic treatment may be an option for this patient's "intermittent LBP," it is not recommended for this patient's left knee. Therefore, the request of Left knee Physiotherapy Rehab, therapeutic exercise and manual therapy # 8 is not medically necessary and appropriate.

Left knee Brace: Overturned

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

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 chapter (online), for knee braces

Decision rationale: This patient presents with left knee pain and tenderness. The request is for prefabricated knee brace. ODG criteria for use of prefabricated knee braces may be appropriate in patients with one of 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. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The 7/25/14 orthopedic re-evaluation report references an x-ray performed on 7/07/14 which notes "mild narrowing of the lateral compartment may reflect meniscal tear." The treater does not specifically discuss the indications for knee brace. Review of the reports provides conflicting information about the patient's work status. On 8/15/14, the patient is working full time, but on 9/18/14, the patient is on temporary total disability. Per ODG, unicompartmental painful arthritis is an indication for knee bracing. This patient's X-ray showed lateral compartment arthritis and the patient continues to suffer with pain. Knee bracing would

appear to be indicated, particularly to aid the patient to continue to work. Therefore, the request of Left knee Brace is medically necessary and appropriate.