

Case Number:	CM14-0029934		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2000
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Medicine, and is licensed to practice in California and Nevada. 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 72-year-old who sustained an injury to her left knee on February 7, 2000. The mechanism of injury is not documented. MRI of the left knee revealed limited study due to interval surgery with extensive metallic artifact completely obscuring the medial femoral tibial compartment and the lateral tibial plateau; likely new tear of the inner margin of the body of the lateral meniscus; persistent moderate grade articular cartilage loss along the lateral femoral condyle centrally with inadequate evaluation of the articular cartilage of the lateral tibial plateau; likely increased moderate to high grade articular cartilage loss along the inferior aspect of the median ridge of the patella; essentially unchanged moderate grade articular cartilage loss along the medial patellar facet; small knee effusion with new small popliteal cyst; persistent suggestion of mild lateral translation of the tibia relative to the femur. The injured worker complained of bilateral knee pain, left 8-10/10 VAS (visual analog scale). Objective findings included deep tendon reflexes 2+ and McMurray's positive. Prior treatment consisted of surgery, acupuncture, medications, injections, physiological care and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right slip on knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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 chapter, Knee brace.

Decision rationale: The previous request was denied on the basis that braces need to be combined with a rehabilitation program. As the request for physical therapy was not medically necessary in this review and guidelines required braces to be used in conjunction with rehabilitation program, a brace is not medically appropriate at this time. After reviewing the submitted medical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. The request for one right slip on knee brace is not medically necessary or appropriate.

Six physiotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The previous request was denied on the basis that the clinical note dated February 24, 2014 reported that the injured worker had completed at least 59 physical therapy visits in the last six months, far more than what is recommended by guidelines. There was no additional significant objective clinical information provided that would support exceeding the Post-Surgical Treatment Guidelines recommendations, either in frequency or duration of physical therapy visits. The request for six physiotherapy sessions is not medically necessary or appropriate.