

Case Number:	CM14-0037043		
Date Assigned:	06/25/2014	Date of Injury:	08/29/1996
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain Medicine 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 is a 70-year-old female who sustained a remote industrial injury on 08/27/96 diagnosed with left knee degenerative joint disease and neuroma. The mechanism of injury is not specified in the documents provided. The requests for twelve physical therapy sessions for the left knee and knee brace for the left knee were non-certified at utilization review due to the lack of documentation concerning the previous physical therapy sessions completed and the lack of rationales provided that establish the medical necessity of the requested physical therapy and knee brace. The most recent progress note provided is 03/04/14. This progress report is handwritten and contains very little information. It appears the patient complains primarily of continued unspecified pain. Physical exam findings appear to reveal swelling is present. Current medications are not listed. The treating physician is requesting additional physical therapy and a knee brace. Provided documents include previous progress reports that note the patient is doing better with physical therapy for the left knee. The patient's previous treatments include physical therapy but a thorough treatment history is not included. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee, two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

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

Decision rationale: According to CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation notes that the patient has participated in physical therapy in the past with benefit. However, the number of sessions completed and any functional improvement obtained as a result is not delineated. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Lastly, the recent physical exam findings are very limited and do not indicate that the patient requires additional physical therapy. For these reasons, medical necessity is not supported and the request for twelve sessions of physical therapy for the left knee is not medically necessary.

Brace, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Knee Complaints, page 1021-1022.

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

Decision rationale: According to the Official Disability Guidelines, knee braces are recommended when there is evidence of knee instability, severe osteoarthritis, or a recent surgery that would warrant the use of a knee brace. In this case, there is no documentation of any of the aforementioned conditions that would necessitate the use of a knee brace and the recent physical exam is only positive for swelling. Further, the treating physician does not provide a rationale behind the requested knee brace that establishes the necessity behind its use. As such, the request for Brace, left knee is not medically necessary.