

Case Number:	CM14-0045282		
Date Assigned:	06/27/2014	Date of Injury:	04/12/2012
Decision Date:	08/13/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 55-year-old with a reported date of injury of 04/12/2012. Per the utilization review, the patient underwent right knee Chondroplasty on 12/04/2013. On a follow-up visit dated 03/06/2014 the patient complains of continued right knee pain. The physical exam was reported as normal. The treating physician recommended physical therapy and a knee brace for preventative measures. The patient had already completed 13 session of previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom fit medial unloading brace for 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, TWC Knee & Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338-346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee , unloader brace.

Decision rationale: The ACOEM does not specifically address unloader braces in the treatment of knee complaints; however it does not list braces of any type as a recommendation for

treatment of symptom control in knee complaints. The ODG states unloader braces are recommended to reduce the pain and disability associated with osteoarthritis of the medial compartment. Without included medical records with definitive diagnosis of osteoarthritis of the knee, the brace cannot be certified. Such as, a custom fit medial unloading brace for the right knee is not medically necessary.

12 sessions of physical therapy for the right knee (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS section on chronic pain and physical medicine recommends a fading of therapy plus active self-directed home physical medicine. They do not specify specifically post-operative physical medicine recommendations, but for myalgia and unspecified myositis, the recommendation is for 9-10 visits over 8 weeks. The California MTUS postsurgical guidelines recommend 12 physical therapy visits over a 12-week period. However, this patient is currently 3 months post surgery at the time of request. Without any medical records indicating the immediate postoperative period and treatments that were received or done, the request for physical therapy cannot be certified. Such as, twelve (12) sessions of physical therapy for the right knee (2x6) is not medically necessary.