

Case Number:	CM14-0056432		
Date Assigned:	07/09/2014	Date of Injury:	12/27/2011
Decision Date:	09/09/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 42 year old female who reported an industrial injury on 12/27/11 to her bilateral knees, ankles, and hips due to performing her usual job tasks. The claim was for reported cumulative trauma without a specific injury other than performing the job tasks of a cook/janitor. The patient reported swelling to the right knee on the reported date of injury. The patient was diagnosed with a strain of the left knee. The patient was treated with medications, physical therapy, crutches, a prednisone taper, and Norco. The patient was prescribed modified duties and a knee brace. An MRI of the right knee dated 4/16/12 demonstrated evidence of significant patellofemoral chondromalacia with Hoffa's pad edema, attenuated ACL, and interosseus extension of ganglion cyst with no meniscal tear. The patient received corticosteroid injections to the knee and a recommendation for surgery. An Agreed Medical Examination of the patient dated 3/30/13 diagnosed the patient with lumbago, internal derangement of the knee, and internal derangement of the ankle/foot. The patient was not permanent and stationary. It was noted that the MRI of the left knee dated 5/28/14 documented evidence of one medial collateral ligament sprain; myxoid degeneration in the posterior horn lateral meniscus; degenerative arthritis in the form of slightly reduced tibial femoral joint space, few marginal osteophytes, spiking of tibial spine and chondromalacic change; grade 2 chondromalacia patella; Wiberg type II patella demonstrating lateral subluxation; and small knee joint effusion. The MRI lumbar spine dated 5/31/13 was unremarkable. The electrodiagnostic study dated 11/27/13 documented evidence of bilateral L5 radiculopathy. The patient was diagnosed with patellofemoral syndrome, chondromalacia of the bilateral knees, left greater than right hip strain/strain superimposed on degenerative joint disease, and bilateral ankle sprain/strain. It was noted that the patient had a significant amount of physical therapy. The patient was diagnosed with depression, anxiety, sleep disturbance, opioid dependence, psychogenic pain, chondromalacia patella, hip/thigh sprain/strain, and sprain of the

ankle and foot. The patient was documented to have received 12-20 sessions of physical therapy, chiropractic care/CMT, medications, and activity modifications. The patient received a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 bilateral knees, bilateral hips, bilateral ankles: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter; Knee Chapter; Ankle chapter--Physical therapy.

Decision rationale: There is no objective evidence or any clinical documentation provided by the treating physician to support the medical necessity of additional sessions of physical therapy to the ankles, hips, or knees that exceed the recommendations of the California MTUS. The patient has received 20 sessions of physical therapy with no demonstrated functional improvement. The patient is requested to have six additional sessions of physical therapy directed to the hips, knees, and ankles almost three years after the date of injury. There is no objective evidence that the patient cannot continue to condition and strengthen in a self-directed home exercise program. As such, there is no demonstrated medical necessity for additional sessions of physical therapy.

X-Ray bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--x-rays.

Decision rationale: The submitted documentation does not meet the criteria recommended by the California MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the authorization of x-rays to the knees. There is no rationale for the medical necessity of an x-ray to the right/left knee for an evaluation of the knee in relation to the cited alleged injury as there is no demonstrated aggravation of the knees. The x-ray is being ordered as a screening study. The provided conservative treatment is not complete, as the patient is not demonstrated to be performing a home exercise program. The conservative treatment rendered to date was not completely documented with the available treatment modalities. There is no medical necessity for x-rays of the bilateral knees.

Bilateral knee brace: 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)- TWC, Knee Brace.

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 and Leg chapter--knee brace.

Decision rationale: The criteria recommended by the California MTUS are not documented in the medical record to support the medial necessity of the requested bilateral knee braces, as there is no demonstrated instability to the knee. The objective findings documented were not documented and were inconsistent with instability as no laxity was demonstrated. The request for bilateral knee braces is not demonstrated to be medically necessary.