

Case Number:	CM14-0056795		
Date Assigned:	07/11/2014	Date of Injury:	02/06/2014
Decision Date:	08/25/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational 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:

Per the records provided, the claimant is a school nurse who developed knee pain on February 6, 2014. She was travelling to the main office in the rain. She slipped and fell down two stairs at the bottom of the flight, and twisted the right knee. She felt a pop and immediate pain. The patient's treatments have been medicine and 14 sessions of therapy. A surgeon felt there should only be conservative care. The request though was for more physical therapy. In a PR2 from 5-31-14, the diagnoses were right knee lateral collateral ligament sprain, right hamstring strain, rib muscle strain and knee contusion. As of 4-10-14, the pain was extremely variable: there was zero pain at rest, 3 with walking and 8-9 out of ten at night when rolling over. Medicines listed include Clonazepam, Citalopram, Alprazolam, Omeprazole, and Hydrocodone-Acetaminophen. On a PR2 from 3-25-14, a meniscal tear was alleged; however, the MRI from 4-14-14 noted no evidence of meniscal, ligamentous or tendinous tear. It did show a bone contusion of the lateral tibial plateau without a displaced fracture, and a small knee joint effusion. There was mild chondromalacia of the patella. An x-ray of the knee was negative, per a 3-11-14 note. Per one office visit note, the shield brace of the right knee was due to persistent right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X6 for 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 Knee and Leg Chapter, Physical Medicine.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does permit physical therapy in the chronic phase for conditions of myalgia, myositis, neuralgia, neuritis, reflex sympathetic dystrophy, and radiculitis, unspecified. The records however do not attest to the presence of these conditions. Moreover, MTUS notes there should be a fading of treatment, yet this patient has had 14 sessions, and no fading of care is evident. Objective, functional, measurable improvement out of the past therapy likewise is lacking. The claimant should be well versed on home, independent care to address further rehabilitative needs. The request is not medically necessary.

DME shield brace for knee: Upheld

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

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

Decision rationale: The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. None of these conditions however are noted in this claimant's case. Nor is there documentation that the claimant's school nurse activities would be stressing the knee under load, such as climbing ladders or carrying boxes. In fact, per MTUS, for the average patient, using a brace is usually unnecessary; there is nothing mechanical or objective noted on exam or studies that points to anything unusual or out of the ordinary. Furthermore, a brace must be part of a rehabilitation program, which is again not evident in this case. Finally, if a brace is used, it should be used only for a short period, because they result in deconditioning and bone loss after relatively short periods of time. A purchase means an open ended, unmonitored, long term use, which is not supported. This request is not medically necessary.