

Case Number:	CM14-0073478		
Date Assigned:	07/16/2014	Date of Injury:	04/03/2012
Decision Date:	08/27/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/20/2014

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 Interventional Spine 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:

The patient is a 50-year-old male who reported an injury on 04/03/2012. As of 4/22/2014, the diagnoses per [REDACTED] include; 1. Lumbar disk bulge status post discectomy and laminectomy and 2. Left lateral meniscus tear. According to this report, the patient is feeling better. He finished pool therapy and has progressed to the point that land therapy is recommended. The patient reports low back pain that is sharp and constant at a rate of 7/10. The patient indicates that the pain is worse with prolonged sitting, standing, and walking, but better with lying on a flat surface. The patient also reports radiating pain to the right buttock area. In addition, the patient complains of left knee pain that is sharp and constant at a rate of 7/10. He also indicates that the pain is worse with using stairs, bending, kneeling, prolonged standing and/or walking; but better with rest and with leg elevation. The patient has popping, clicking, and giving out of his knee but claims his knee does not lock. He also has some swelling of the knee. The objective findings show that deep tendon reflex is 2+. Sensation is intact. There is pain to palpation along the left medial joint line of the knee. A positive left McMurray's sign. Muscle testing is 5/5. The utilization review denied the request on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Land Based Qty:8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, Knee-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99.

Decision rationale: This patient presents with low back and left knee pain. The treating physician requested 8 land based physical therapy sessions. The MTUS Guidelines page 98 and 99 regarding physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 04/10/2014 notes that the patient has received 9 visits from 12/13/2013 through 04/10/2014. He has shown improvement since initial evaluation. His treatment has focused on improving flexibility, range of motion, strength, and functional mobility. He currently demonstrates improvements in flexibility and functional mobility. He does need further improvements in range of motion and strength to return to prior level of function. He is independent and compliant with his home exercise program. Since the patient has completed 9 water-based visits, the requested 8 would exceed MTUS Guidelines. However, since the patient is transitioning from water to land therapy, the request appears reasonable to work on land-based exercises for improving strength, flexibility and range of motion. Therefore this request is medically necessary.

Custom Left Don Joy Knee Brace Qty:1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with low back and left knee pain. There is a report of meniscal tear. The treating Physician requested a custom Don Joy Knee brace. The ACOEM Guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament tear, and or medial collateral ligament instability although it's benefits may be more emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that, "braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." For custom fitted knee braces, ODG requires that specific problems with the knee countour, skin or severe osteoarthritis. This patient does not present with any of these conditions. Therefore, this request is not medically necessary.

