

Case Number:	CM14-0095959		
Date Assigned:	07/25/2014	Date of Injury:	11/08/2010
Decision Date:	09/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas and Oklahoma. 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 injured worker is a 39-year-old female with a reported date of injury on 11/08/2010. The injury reportedly occurred when the injured worker slipped and fell down the stairs. Her diagnoses were noted to include right knee pain, instability, and an anterior cruciate ligament tear. Her previous treatments were noted to include Unna boot, medications, surgery, physical therapy and lumbar epidural injections. The progress note dated 05/09/2014 revealed complaints of constant aching to the right knee and episodes of swelling. The injured worker reported clicking, grinding, buckling, and locking of her right knee. The injured worker also reported numbness. The injured worker indicated physical therapy and pain medication helped provide pain improvement but she was still symptomatic and ambulated with a 1 point cane. The physical examination of the knee revealed medial joint line tenderness bilaterally and a positive Lachman's 2+ on the right, and a right pivot shift was noted. The progress note dated 05/24/2014 revealed complaints of pain. The physical examination of the extremities revealed right knee tenderness with mild to moderate and with active and passive movement. The progress note dated 05/29/2014 revealed the injured worker reported she had seen a knee specialist but wished to defer further surgical intervention for the right knee at that time. The physical examination noted well-healed incisions over both knees and no signs of infection with some reduced range of motion. The progress note dated 06/06/2014 revealed the injured worker continued to have the same symptoms that included instability and giving way with ambulation as well as pain. The physical examination of the right knee revealed well-healed incision and mild effusion. The range of motion was noted to be 0 to 120 degrees and the injured worker was stable to varus and valgus stress. The provider indicated the injured worker had right knee pain and instability with anterior cruciate ligament insufficiency with mild arthritic signs on imaging. The provider

indicated a request for a knee specialist due to instability and pain. The Request for Authorization Form was not submitted within the medical records. The request was for preoperative clearance between 05/09/2014 and 07/25/2014 for medical clearance for surgery, a hinged knee brace, postoperative physical therapy for 25 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pre-operative clearance between 5/9/2014 and 7/25/2014.: 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.

Decision rationale: The request for preoperative clearance is not medically necessary. The injured worker is waiting for authorization for anterior cruciate ligament repair. The California MTUS/ACOEM Guidelines state anterior cruciate ligament reconstructions generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. Anterior cruciate ligament tears often are followed by an immediate effusion of the knee. A history of frequent giving way episodes, or falls during activities that involve knee rotation, is consistent with the condition. A physical examination in an acute setting may be unrevealing because of the effusion and immobilization of that knee. In addition, the physical examination revealed clear signs of instability as shown by positive Lachman, drawer, and pivot shifting test. It is important to confirm the clinical findings with MRI evidence of a complete tear in the ligament. Surgical reconstruction of the ACL may provide substantial benefits to active patients, especially those less than 50 years old. There is lack of documentation regarding the injured worker authorized for knee surgery and the request failed to provide the components of the preoperative clearance examinations. Therefore, the request is not medically necessary.

1 Hinged knee brace between 5/9/2014 and 7/25/2014.: 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 & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The request for 1 hinged knee brace is not medically necessary. The injured worker complained of instability-type symptoms with giving way with just ambulation and it is both pain and instability that she was having. The California MTUS/ACOEM Guidelines state a brace can be used for patellar instability, anterior cruciate ligament tear or medical collateral ligament instability, though although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all

cases, braces need to be properly fitted and combined with rehabilitation program. The guidelines recommend using a brace if the injured worker is going to be stressing the knee under load and the knee braces benefits are more emotional than medical. There is lack of documentation regarding clinical findings consistent with instability to warrant a knee brace. Therefore, the request is not medically necessary.

25 Physical therapy visits between 5/9/2014 and 7/25/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 25.

Decision rationale: The request for 25 physical therapy visits between 05/09/2014 and 07/25/2014 is not medically necessary. The injured worker is awaiting authorization for knee surgery. The Postsurgical Treatment Guidelines state an initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The guidelines recommend for an anterior cruciate ligament repair 24 visits over 16 weeks with the postsurgical physical medicine treatment period of 6 months. There is lack of documentation regarding the surgery being approved and the guidelines recommend 1 half the visits recommended by the guidelines. Therefore, the request is not medically necessary.