MAXIMUS Federal Services

Case Number:	CM14-0205933		
Date Assigned:	12/17/2014	Date of Injury:	04/09/2012
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant, while working as a carpenter, sustained an injury to his right knee on 04/09/12. He underwent a right knee anterior cruciate ligament repair in June 2012 with ongoing symptoms with findings of degeneration of the ligament graft. He underwent a two-stage revision with the first stage in April 2014 and second stage in July 2014. He was seen by the primary treating provider on 09/30/14. He was having ongoing knee pain rated at 7/10. Medications included Oxycodone. He was continued at temporary total disability. As of 10/23/14 he had completed 16 post-operative physical therapy sessions. He was having anterior and medial knee pain rated at 7/10. He had been provided with a home exercise program. He was ambulating short distances with use of a cane and had pain when negotiating stairs. Physical examination findings included pain with patellofemoral mobilization and a mild contracture. He was having difficulty with quadriceps muscle contraction. On 11/14/14 he was having ongoing knee pain. He felt that physical therapy was helping. He had improved range of motion but had ongoing strength deficits. Physical examination findings included moderate quadriceps atrophy with decreased range of motion, medial joint line tenderness, and he was noted to ambulate with a cane. He was continued out of work. Physical therapy two times per week for six weeks and a custom ACL brace were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 12 session: 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 Chronic pain, Physical medicine treatment; Preface, Physical Therapy Guidelines,Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant is more than 2 years status post work-related injury. He underwent a two-stage revision right knee anterior cruciate ligament repair with the first stage in April 2014 and second stage in July 2014. Post-surgical treatment after the knee arthroscopy performed includes up to 12 physical therapy visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the claimant has already had post-operative physical therapy including instruction in a home exercise program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.

ACL brace for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Knee braces.

Decision rationale: The claimant is more than 2 years status post work-related injury. He underwent a two-stage revision right knee anterior cruciate ligament repair with the first stage in April 2014 and second stage in July 2014. The use of bracing after anterior cruciate ligament (ACL) reconstruction cannot be rationalized by evidence of improved outcome including measurements of pain, range of motion, graft stability, or protection from injury. While a knee brace may help support the knee when low forces are applied, these forces would not be expected to cause injury to the reconstructed ACL. A force that is high enough to disrupt the reconstructed ACL would not be effectively stabilized by the knee brace and use of a brace during these activities may increase the risk of re-injury. Therefore the requested ACL brace for the right knee was not medically necessary.