MAXIMUS Federal Services

Case Number:	CM15-0004041		
Date Assigned:	01/15/2015	Date of Injury:	03/17/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 32 year old male who sustained a work related injury March 17, 2014. While placing stakes on a hillside, he twisted and fell on his right knee. He was diagnosed with right knee strain and was treated with ice, elevation, ibuprofen, and physical therapy. An MRI (magnetic resonance imaging) performed 5/9/2014, revealed complex tears involving the bodies and posterior horns of both the medial and lateral menisci with mild degenerative changes involving the medial compartment and a joint effusion. On October 2, 2014, the injured worker underwent arthroscopy of the right knee. He was found to have severe chondromalacia of the trochlear groove and torn medial and lateral menisci. The procedure consisted of arthroscopic abrasion arthroplasty of the anterior compartment right knee, with medial and lateral meniscectomies. A primary treating physician's report dated December 11, 2014, noted he continues to make progress in physical therapy. He walks 5 nights a week and uses his Cho-pat brace on the knee while walking. Physical examination reveals new signs and symptoms of mild right sciatica; moderate tightness of the right hamstrings and quadriceps, positive standard leg raise and diminished sensation over his lateral right thigh. Treatment plan included requests for additional physical therapy for the right hamstring, quadriceps and right lateral thigh, continue glucosamine and chondroitin, specific walking shoe/work boot and a new Cho-pat brace for the right knee. The physician also discussed his diet and concerns about weight gain. The IW weighed 257 lbs. He stated that he had reduced his meals to a smoothie in the morning and 2 meals a day. Work status is documented as; return to work with restrictions of no squatting or kneeling, limited stairs, and no lifting over 20 pounds. According to utilization review dated

December 22, 2014, the request for Physical Therapy, 10 additional visits over 8 weeks for right knee and low back were non-certified as he had completed the guideline requirement of postsurgical treatment. The request for Shoes was non-certified as orthotics such as shoe wedges are indicated in osteoarthritis and there was no indication of osteoarthritis.The Cho-Pat brace was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 10 visits over 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker weighs 257 pounds and has had arthroscopy of the right knee with partial medial and lateral meniscectomies and abrasion arthroplasty of the anterior compartment for severe chondromalacia of the trochlear groove. He also developed low back and right leg pain with positive straight leg raising. The California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The postsurgical treatment period is 6 months. The documentation from 12/5/2014 indicates that 25 visits had been completed at that time. This exceeded the guidelines requirement. Range of motion of the knee was 2/125. There was no reason why he could not transition to a home exercise program for the knee. With regard to the back pain and right leg pain, the guidelines indicate that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS units, percutaneous electrical stimulation, and biofeedback have no proven benefit in treating acute low back symptoms. Traction has not proved effective for lasting relief in treating low back pain. An active self-directed exercise program would have sufficed. As such, the request for additional physical therapy (10 visits over 8 weeks) is not supported by guidelines and the medical necessity of the request is not substantiated.

Shoes: 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), Knee Chapter, Shoes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic; Shoe insoles/ Shoe lifts, Section:Knee, Topic: Footwear, knee arthritis

Decision rationale: ODG guidelines recommend shoe insoles or shoe lifts as an option for patients with a significant leg length discrepancy or those who stand for prolonged periods of time. The Cochrane review concluded that there is strong evidence that insoles are not effective for the prevention of back pain. Shoe lifts may not be appropriate for treatment of acute low

back problems when lower limb length difference is less than 2 cm. According to another review no statistically significant effect for the use of insoles or shoe orthoses is seen for either prevention or treatment except possibly for patients with low arches or other foot problems. ODG guidelines pertaining to knee arthritis recommend footwear as an option for patients with knee osteoarthritis. The documentation does not indicate any osteoarthritis and as such, the request for shoes is not supported and the medical necessity is not established.