

Case Number:	CM15-0005243		
Date Assigned:	01/16/2015	Date of Injury:	07/13/2012
Decision Date:	04/07/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

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:

This injured worker is a 57-year-old female, who sustained an industrial injury on July 13, 2012. The injured worker has reported lumbar spine and knee pain. The diagnoses have included internal derangement of the right knee and status post-surgery of the right knee. Treatment to date has included pain medication, knee brace, crutches, post-operative injections to the left knee, an MRI of the right knee, physical therapy, psychological testing, neurological testing and a home exercise program. Current documentation dated November 24, 2014 notes that the injured worker reported pain and stiffness in the right knee, pain and stiffness in her back, depression, anxiety, lapses in memory and difficulty sleeping. Physical examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines and range of motion was limited and accompanied with crepitation. McMurray's and Clark's testing were positive. On December 15, 2014 Utilization Review non-certified the purchase of a passive motion machine and the purchase of a total range of motion post-operative knee brace. Utilization Review modified a request for post-operative physical therapy visits twelve to eighteen visits to post-operative physical therapy visits # 6. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of purchase of a passive motion machine, the purchase of a total range of motion post-operative knee brace and post-operative physical therapy visits twelve to eighteen visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve to eighteen visits of post-operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification.

Continuous passive motion machine for purchase: 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 & Leg Chapter.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request is for a knee arthroscopy. In addition the exam note from 11/24/14 does not demonstrate any evidence of arthrofibrosis of the knee. As the guideline criteria have not been met, the determination is for non-certification.

Total range of motion post-operative knee brace for purchase: 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 & Leg Chapter, Knee Brace Section.

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

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed

ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The exam note from 11/24/14 demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.