

Case Number:	CM15-0139569		
Date Assigned:	07/29/2015	Date of Injury:	07/16/2009
Decision Date:	09/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female, who sustained an industrial injury on 7/16/2009. Diagnoses include total knee replacement status post-op, internal derangement of the knee and ankle sprain/strain. Treatment to date has included surgical intervention (right knee arthroscopy, 2010) as well as post-op physical therapy and conservative measures including diagnostics, oral and topical medications, and rest. Per the most recent submitted Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported left lumbar, right lumbar, left sacroiliac, right sacroiliac, sacral, left buttock, left posterior leg, left posterior knee, left calf, right buttock, right posterior leg, right posterior knee, right calf, right ankle, right foot, right anterior leg, right anterior knee, right shin, right ankle, right foot, left anterior leg, left anterior knee, left shin, left ankle, left foot, left pelvic, right pelvic, right hip and left hip pain. She reports numbness, tingling, right, and left foot pain that is present 70% of the time. Physical examination of the right knee revealed palpable tenderness of the medial joint line with crepitus and edema. Flexion was 100 degrees and extension was -3 degrees. The plan of care included continuation of aggressive post-op physical therapy. A prescription was given for Prilosec. Authorization was requested for braces for the right knee and right ankle, post-op rehab and physical therapy for the right knee (3x4) and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, and Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state 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." Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. In the absence of such documentation, the currently requested knee brace is not medically necessary.

Right ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Walking aids, Bracing, Lace-up ankle supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, and Bracing/Immobilization.

Decision rationale: This request is for a type of ankle brace. The CA MTUS do not have detailed guidelines on ankle bracing. Instead, the ODG, Ankle & Foot Chapter is referenced which state the following regarding Bracing/Immobilization: "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004)" In this case, given that there is no clear documentation of ankle instability, the ankle brace is not warranted. This request is not medically necessary.

Post-operative rehab/physical therapy for the right knee 3 times a week for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, and Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The post-surgical guidelines generally recommend 24 post-op sessions following knee arthroscopy. Within the documentation available for review, there is documentation of completion of 24 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. The progress note dated 3/20/15 does not further explicate the need for further PT. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.