

Case Number:	CM15-0148406		
Date Assigned:	08/24/2015	Date of Injury:	12/19/2014
Decision Date:	09/29/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/30/2015

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

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 30 year old male, who sustained an industrial injury on December 19, 2014. The injured worker reported that he was trapped in between another person's legs during his work activities causing pain and buckling to the knee. The injured worker was diagnosed as having right knee anterior cruciate ligament (ACL) disruption with status post right knee anterior cruciate ligament (ACL) reconstruction utilizing a bone-patellar tendon-bone autograft performed on February 13, 2015. Treatment and diagnostic studies to date has included physical therapy, home exercise program, above noted procedure, and x-rays. In a progress note dated June 09, 2015 the treating physician reports occasional popping and stiffness, pain with flexion, and intermittent instability. The documentation provided included two prior physical therapy sessions with the progress note from April 03, 2015 indicating that the injured worker was progressing well, but needed to further improve range of motion to the knee and improve lower extremity strength. The treating therapist also noted that the injured worker met the goals of improvement in range of motion to the right knee along with the ability to walk around the house without assistive devices and without increased pain. The treating physician requested a functional anterior cruciate ligament (ACL) brace to assist the injured worker to progress with his home exercise program. The treating physician also requested twelve sessions of physical therapy for the right knee noting the treating physician's protocol for right knee anterior cruciate ligament (ACL) surgery is at least six months of physical therapy along with noting that the injured worker's above listed symptoms began after he stopped prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional ACL Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Knee & Leg (Acute & Chronic), 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 & Leg -Acute & Chronic- chapter under Knee Brace.

Decision rationale: Based on the 6/9/15 progress report provided by the treating physician, this patient presents with occasional popping/stiffness and pain in flexion as well as intermittent instability, and is s/p right knee ACL reconstruction utilizing bone-patellar tendon-bone autograft on 2/13/15. The treater has asked for FUNCTIONAL ACL BRACE on 6/9/15 which will help him progress with his own home exercise program. The patient's diagnoses per request for authorization form dated 6/30/15 is s/p right knee ACL revision. The patient does not have a change in his past medical history per 6/9/15. As patient's physical therapy was denied, he started getting stiffness since, per 6/9/15 report. The patient is currently not working as of 6/9/15 report. ACOEM, Chapter 13, pg. 340: Activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with pre patellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG guidelines, Knee & Leg (Acute & Chronic) chapter under Knee Brace: Re-fabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability;

2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture utilization review letter dated 7/2/15 states orthopedic examination failed to reveal evidence of instability, which would necessitate a brace. Treater states that a brace would assist with a home exercise program in 6/9/15 report. Although the patient does present with ACL tear there is only evidence of intermittent instability. As per MTUS guidelines, there is no suggestion that the patient would be stressing the knee under load, and it is not clear why a brace would help a patient with a home exercise program as per treater description. The request IS NOT medically necessary.

12 Physical Therapy Sessions for the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: 12 Physical Therapy Sessions for the Right Knee. Based on the 6/9/15 progress report provided by the treating physician, this patient presents with occasional popping/stiffness and pain in flexion as well as intermittent instability, and is s/p right knee ACL reconstruction utilizing bone-patellar tendon-bone autograft on 2/13/15. The treater has asked for 12 PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE on 5/20/15 for increased range of motion. The patient's diagnoses per request for authorization form dated 6/30/15 is s/p right knee ACL revision. The patient does not have a change in his past medical history per 6/9/15. As patient's physical therapy was denied, he started getting more stiffness per 6/9/15 report. The patient is currently not working as of 6/9/15 report. MTUS Post-Surgical Treatment Guidelines, Knee Section pg. 24, 25: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. (Goodwin, 2003) Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. (Minns Lowe, 2007) Accelerated perioperative care and rehabilitation intervention after hip and knee arthroplasty (including intense therapy and exercise) reduced mean hospital length of stay (LOS) from 8.8 days before implementation to 4.3 days after implementation. (Larsen, 2008) Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Postsurgical treatment: (ACL repair): 24 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months. In this case, the patient had 3 months of post-operative therapy per 5/20/15 report. Utilization review letter dated 7/2/15 states the patient had 24 prior physical therapy sessions since February 2015. MTUS post surgical guidelines allows for 24 sessions for ACL tear repair, which this patient had on 2/3/15. The request is for an additional 12 sessions of physical therapy for range of motion as treater notes stiffness and pain in flexion since patient stopped doing physical therapy. However, there is no documentation of functional improvement from prior physical therapy. There is, however, documentation that the patient lacks full range of motion, as the 4/6/15 report notes the patient has ROM from 5-135. However, an addition 12 sessions appears excessive, and the patient would be able to transition into a home exercise program. Hence, the requested additional physical therapy for the right knee IS NOT medically necessary.