

Case Number:	CM15-0162441		
Date Assigned:	08/28/2015	Date of Injury:	09/13/2014
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 56 year old female with a September 13, 2014 date of injury. A progress note dated June 12, 2015 documents subjective complaints (worsening left knee pain rated at a level of 4 to 9 out of 10 with recurrent swelling), and objective findings (effusion of the left knee; decreased and painful range of motion of the left knee; positive medial joint line tenderness of the left knee; mild patellar facet tenderness of the left knee; severe lower extremity-quadriceps atrophy). Diagnoses were noted in the medical record to include pain in joint, lower leg. Treatments to date have included left knee surgery, physical therapy, and medications. The treating physician documented a plan of care that included twelve sessions of physical therapy for the left knee and an Elite seal extension device for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: This claimant was injured in June with left knee pain rated at a level of 4 to 9 out of 10 with recurrent swelling; Treatments to date have included left knee surgery, physical therapy, and medications. Objective, functional improvement outcomes out of past therapy is unknown. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. It is mentioned there was post surgical physical therapy, but no mention of frequency, duration, and what the objective improvement outcomes were. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient". Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general, a patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy is not medically necessary.

Elite seal extension device for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13
Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, knee, extension devices.

Decision rationale: This claimant was injured in June with left knee pain rated at a level of 4 to 9 out of 10 with recurrent swelling; Treatments to date have included left knee surgery, physical therapy, and medications. The elite seat is a portable knee extension device designed for non-operative treatments of degenerate knee conditions. By evenly distributing force across the leg, the elite seat is an effective device for achieving full knee hyperextension and reducing pain in bent knees caused by degenerative knee conditions. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. For extension sort of devices, the ODG notes: A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: 1. Joint stiffness caused by immobilization. 2. Established contractures when passive ROM is restricted. 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include

patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. In this case, the frequency, duration or clinical circumstances under which it is being recommended are not clear. This is critical to establish whether the care is reasonable and necessary. The request is not medically necessary.