MAXIMUS Federal Services

Case Number:	CM15-0164123		
Date Assigned:	09/01/2015	Date of Injury:	06/04/2012
Decision Date:	10/21/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 49 year old male injured worker suffered an industrial injury on 6-4-2012. The diagnoses included left knee strain/sprain, rule out internal derangement and chondromalacia patella. The treatment included physical therapy. The diagnostics included left knee magnetic resonance imaging. On 5-8-2015 the treating provider reported continued pain to the left knee with frequent popping and clicking. There was tenderness noted to the left knee. The symptoms have persisted despite rest, activity modifications and over the counter analgesics. The injured worker had returned to work. The requested treatments included Left knee brace and continued Physiotherapy (left knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Summary.

Decision rationale: The MTUS ACOEM Guidelines state that knee braces may be used for patellar instability, anterior cruciate ligament tears, or medical collateral ligament instability, although its benefits may be more emotional than medical. Usually the knee brace is only necessary in these cases if the patient is going to be stressing the knee under load, but for the average patient prophylactic knee bracing is not recommended and unnecessary. In all cases, if a brace is used, it must be fitted properly and combined with a rehabilitation program. In the case of this worker, there was subjective complaints of knee pain and objective findings of tenderness, but no evidence to suggest frank instability to warrant a knee brace, based on recent documents provided for review. Therefore, the knee brace will be considered as medically unnecessary at this time.

Physiotherapy (left knee) 2-3 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, it is not completely clear if the worker has undergone formal physical therapy for the left knee, how many sessions were attended, and how effective they were, if they took place. Regardless, the worker is being recommended 12-18 sessions of physical therapy which is already over the recommended initial number (10) recommended by the MTUS Guidelines. Also, the exact number of sessions and not a range needs to be requested. Therefore, due to the above factors, the request will be considered medically unnecessary at this time.