

Case Number:	CM15-0166975		
Date Assigned:	09/04/2015	Date of Injury:	09/24/2010
Decision Date:	10/08/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56-year-old male who sustained an industrial injury on 09-24-2010. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having internal derangement left knee, tear, medial cartilage or meniscus knee, and dysthymic disorder. Treatment to date has included arthroscopic right knee surgery (11-09-2010), with a second right knee surgery (06-16-2014), arthroscopic left knee surgery (03/21/2015). Currently, the injured worker is status post op left knee arthroscopic surgery (03/21/2015) and he complains of swelling in the left knee with his pain at a 1 on the scale of 10 when medicated. Prolonged activity and walking downstairs cause pain. Additionally, he complains of weight gain and memory loss. The plan of care is for continued physical therapy (2x6) with a focus on strength training, increasing range of motion and decreasing pain. A right and left knee pull on brace and a right knee unloader brace are requested for support and relief. A request for authorization was submitted for: 1. Physical Therapy Left Knee 2 times a week for 6 weeks. 2. Right and Left Knee Pull on Brace. 3. Right Knee Un-Loader Brace. A utilization review decision (07-21-2015) non-certified the 12 physical therapy visits due to the medical necessity not being clearly established. The right and left knee pull on brace was non-certified due to the necessity not clearly established. The right knee unloader brace was not approved due to lack of medical conditions that would be expected to be helped symptomatically by an unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The patient has received 12 sessions of postoperative PT. The medical records fail to document significant ongoing clinical improvement. The request for 12 additional sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note exceptional factors that would allow for treatment duration in excess of the guidelines. As such, the request for Physical therapy Left Knee 2 times a week for 6 weeks is not medically necessary.

Right and Left Knee Pull on Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ACOEM states A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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. The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such, the request for Right and left knee pull on brace is not medically necessary

Right Knee Un-Loader Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ACOEM states A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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. The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such, the request for Right knee un-loader brace is not medically necessary.