

Case Number:	CM15-0194231		
Date Assigned:	10/08/2015	Date of Injury:	06/12/2015
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina

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 injured worker is a 24 year old female who sustained an industrial injury on 06-12-2015. According to a Doctor's First Report of Occupational Injury dated 08-27-2015, the injured worker reported right knee pain, global right knee pain and stiffness. She denied giving away. Objective findings included poor quadriceps strength on the right. The provider noted that the injured worker was rather hypersensitive to all orthopaedic testing and a limited exam was performed. There was tenderness over the lateral facet of the patella. There was positive patellofemoral grind test. There was reduced excursion of the patella with lateral subluxation secondary to pain. Range of motion of the right knee was 0 to 120 with pain. The ligamentous testing was normal. There was pain to palpation over the medial joint line worse than the left. She had extremely poor quadriceps function when asked to extend the knee from 20 degrees. There was a 5-6 degree extensor lag with pain in the patellofemoral articulation. X-ray of the right knee showed some mild joint space narrowing medially. The femoral tibial angle on the right was 2-3 degrees of varus versus 6 degrees of valgus on the left. The skyline view noted a slight lateral patellar tilt. The lateral projection was normal. There was no evidence of patella alta or baja. Diagnoses included patellofemoral contusion right knee, possible internal derangement, i.e. medial meniscal tear right knee. Treatment to date has included a mini-knee immobilizer. The treatment plan included Naproxen, physical therapy and patella tracking device. An authorization request dated 09-01-2015 was submitted for review. The requested services included patella tracking brace right knee, physical therapy to the right knee 3 times a week for 4 weeks and Naproxen 500 mg #60. On 09-08-2015, Utilization Review non-certified the request for patella tracking brace right knee and modified the request for 12 physical therapy visits to the right knee and authorized the request for 60 Naproxen 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patella tracking brace right knee: Upheld

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

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

Decision rationale: The ACOEM chapters on knee complaints states that knee braces are indicated in patients with meniscal injuries, ACL injuries or collateral ligament injuries. The patient has a diagnosis of internal derangement of the knee with possible meniscal injury. There is no significant instability on exam. Therefore, the request is not medically necessary.

12 physical therapy visits to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) - Physical Medicine Treatment (2015).

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

Decision rationale: Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.