

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0195644 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 04/08/2014 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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 59 year old female, who sustained an industrial injury on 4-08-2014. The injured worker was diagnosed as having total knee arthroplasty-instability. Treatment to date has included diagnostics, left total knee replacement 4-29-2015, physical therapy (29 visits to 8-03-2015), home exercise program, and medications. Currently (9-03-2015), the injured worker complains of continued left knee pain, rated 8 out of 10 (rated 8 out of 10 on 6-18-2015). She reported that the knee "tends to give way". She reported that any activity related movement aggravated pain and no improvement of symptoms, "despite physical therapy, pain management and time". Medications included Celebrex and Norco. Physical exam noted range of motion 0-125 degrees (flexion to 100 on 7-07-2015), "significant amounts of atrophy" rated at a level of 4- of 5 (4 of 5 on 7-07-2015), stability testing in extension normal with varus and valgus stress, 1cm anterior translation in flexion, medial and lateral clunking in mid flexion, and tenderness to palpation along Gerdy's tubercle and lateral portion of patella. Radiographs were documented to reveal "stable implant", knee replacement without any evidence of loosening. Her work status was total temporary disability. The treatment plan included post-operative physical therapy (2x8) and custom brace (range of motion) post-operative brace. On 9-23-2015, Utilization Review non-certified the request for a custom brace and modified the post-operative physical therapy for 6 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 8 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Review indicates the patient is s/p left total knee replacement on 4-29-2015 with post-op physical therapy of 29 visits to 8-03-2015 now with request for an additional 16 visits. Radiographs were documented to reveal stable implant and knee replacement without any evidence of loosening. The Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for arthroplasty over a postsurgical physical medicine treatment period of 4 months. Submitted reports have not adequately demonstrated the indication to support for a total of 45 physical therapy visits without extenuating circumstances or postop complications to support further treatment. The patient's TKA is now over 6 months without documented functional limitations or complications. Further consideration of therapy is reasonable with documented functional benefit. The Post-op physical therapy 2 times a week for 8 weeks is not medically necessary and appropriate.

Custom brace - range of motion (ROM) post-op brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work Activities, Follow-up Visits.

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the off the shelf type. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the off the shelf model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of activities of

daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this custom range of motion knee brace. Radiographs were documented to reveal stable implant and knee replacement without any evidence of loosening. The Custom brace - range of motion (ROM) post-op brace is not medically necessary and appropriate.