

<b>Case Number:</b>	CM15-0202287		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 71-year-old male with a date of industrial injury 11-19-2013. The medical records indicated the injured worker (IW) was treated for bilateral knee sprain-contusion. In the progress notes (8-19-15, 9-16-15), the IW reported intermittent moderate bilateral shoulder and right knee pain with a feeling of instability. On examination (8-19-15 and 9-16-15 notes), there was bilateral medial and lateral joint line tenderness at the knees without swelling or crepitus. Previous treatments of the right knee included shockwave therapy, acupuncture, physical therapy and heat and cold application. The records available did not include an operative report or documentation that right knee surgery had been performed, although an RFA dated 4-20-15 requested "post-op physical therapy for bilateral shoulders and knees"; eight sessions of physical therapy were requested. The IW was temporarily totally disabled. A Request for Authorization was received for physical therapy twice a week for four weeks for the right knee and a wrap-around hinged right knee brace. The Utilization Review on 9-24-15 non-certified the request for physical therapy twice a week for four weeks for the right knee and a wrap-around hinged right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 time a week for 4 weeks right knee: Upheld**

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

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

**Decision rationale:** This claimant was injured in 2013. There is bilateral shoulder and right knee pain with a feeling of instability. Previous treatments of the right knee included shockwave therapy, acupuncture, physical therapy and heat and cold application. The objective functional improvement out of past therapy is not noted. 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. 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 was appropriately non-certified. Therefore, the requested treatment is not medically necessary.

**Wrap around hinged right knee 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; Knee & leg chapter.

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

**Decision rationale:** ACOEM, Page 340 Occupational Medicine Practice Guidelines. As shared earlier, this claimant was injured in 2013. There is bilateral shoulder and right knee pain with a feeling of instability. Previous treatments of the right knee included shockwave therapy, acupuncture, physical therapy and heat and cold application. The records available did not include an operative report or documentation that right knee surgery had been performed, although the request is for "post operative" care. The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence)

than medical. I did not find the claimant had these conditions. The MTUS advises a brace only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and such activities are not evident. Per MTUS, for the average patient, using a brace is usually unnecessary. If used, there must be evidence of proper fit, and that it is part of a rehabilitation program, which is not evident in this case. If used, it should be used only for a short period, because they result in deconditioning and bone loss after relatively short periods of time. A purchase means an open ended unmonitored use, which is not supported. This request is not certified. Therefore, the requested treatment is not medically necessary.