MAXIMUS Federal Services

Case Number:	CM15-0209316		
Date Assigned:	11/18/2015	Date of Injury:	10/12/2010
Decision Date:	12/24/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 66 ([redacted]) year old female, who sustained an industrial injury on 10-12-2010. The injured worker is being treated for revision left knee. Treatment to date has included surgical intervention (failed left revision total knee arthroplasty with residual arthrofibrosis of the left knee, 7-14-2015) followed by postoperative physical therapy. The number of sessions of physical therapy that the IW has completed has not been provided in the medical records submitted for review. Per the Progress Report dated 9-17-2015, the injured worker presented for a recheck of knee pain. She is continuing with rehabilitation of her left knee status post left knee revision. She is progressing well but her muscles continue to need re-programming to maintain extension to her left knee. She is still ambulating with a walker and taking Norco for pain. She has tremendous trouble in maintaining extension of the left knee since surgical intervention to her left knee 4 years ago. She is receiving electrical stimulation in the quad region to continue training the muscle while she's not exercising the extremity. Objective findings included extension of the left knee with active range of motion -10 degrees and -5 degrees with passive range of motion testing was limited due to pain. Per the Progress note dated 10-02-2015, she reported knee pain, swelling, warmth, stiffness, difficulty bearing weight and difficulty ambulating. She is using electric stimulation in therapy to stimulate the quad region with success in restoring the activity and contour of the muscle. A home unit would provide further stimulation to a weak muscle group that has been inactive for a period of time. Per the medical records dated 9-17-2015 to 10-02-2015 there is no documentation of clear functional improvement such as improvement in symptoms, increase in activities of daily living

or decrease in subjective pain level with the prior treatment. Work status was temporarily totally disabled. The plan of care included, and authorization was requested on 9-22-2015 for a knee hab machine and 12 (3x4) additional sessions of physical therapy. On 10-13-2015, Utilization Review non- certified the request for a knee hab machine, and lidocaine patches #20 and modified the request for 12 (3x4) sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee hab machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

Decision rationale: The claimant sustained a work injury in October 2010 and underwent a left total knee revision after a failed arthroplasty with residual arthrofibrosis with surgery done on 07/14/15. On 08/06/15 she was discharged from SNF level care and was to begin outpatient physical therapy. She had precautions of wearing a knee immobilizer while in bed. On 08/27/15 CPM was discontinued. Continued aggressive/extensive physical therapy was recommended. On 09/17/15 she was progressing well. She was continuing to take Norco. She was performing a home exercise program. She was having difficulty maintaining her knee in extension when out of the knee immobilizer. She had tremendous difficulty in maintaining extension since her prior surgery four years before. She was receiving electrical stimulation in the quadriceps region for muscle retraining when not exercising. Physical examination findings included a weight of 236 pounds. She had an abnormal short leg gait with a knee flexion contracture and knee stiffness. Active right knee range of motion was from 0 to 100. She had decreased strength due to guarding and pain. McMurray and patellar grind testing was positive. An additional 12 physical therapy treatments, a Knee hab electrical stimulator for quadriceps strengthening, and Lidoderm are being requested. Neuromuscular electrical stimulation (NMES) devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion, and re-educate muscles. Use of an NMES device is recommended as an option for short-term use only during rehabilitation early in the postoperative period following major knee surgeries. In this case, the claimant's surgery was more than two months ago and she is able to perform a home exercise program. A program of progressive strength training targeting the quadriceps muscle group has been shown to substantially improve strength and function following total knee arthroplasty. However, addition of neuromuscular electrical stimulation (NMES) to the strength training exercises did not improve outcomes. The request is not considered medically necessary.

12 sessions of physical therapy 3 x 4: Upheld

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

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

Decision rationale: The claimant sustained a work injury in October 2010 and underwent a left total knee revision after a failed arthroplasty with residual arthrofibrosis with surgery done on 07/14/15. On 08/06/15 she was discharged from SNF level care and was to begin outpatient physical therapy. She had precautions of wearing a knee immobilizer while in bed. On 08/27/15 CPM was discontinued. Continued aggressive/extensive physical therapy was recommended. On 09/17/15 she was progressing well. She was continuing to take Norco. She was performing a home exercise program. She was having difficulty maintaining her knee in extension when out of the knee immobilizer. She had tremendous difficulty in maintaining extension since her prior surgery four years before. She was receiving electrical stimulation in the quadriceps region for muscle retraining when not exercising. Physical examination findings included a weight of 236 pounds. She had an abnormal short leg gait with a knee flexion contracture and knee stiffness. Active right knee range of motion was from 0 to 100. She had decreased strength due to guarding and pain. McMurray and patellar grind testing was positive. An additional 12 physical therapy treatments, a Kneehab electrical stimulator for quadriceps strengthening, and Lidoderm are being requested. After the surgery performed, guidelines recommend up to 24 visits over 10 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has already had an unspecified number of physical therapy treatments without documentation of functional improvement. She continued to have knee pain, weakness, decreased range of motion, and an abnormal gait. She is already performing a home exercise program. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.

Lidocaine patches #20, apply 1 Q day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in October 2010 and underwent a left total knee revision after a failed arthroplasty with residual arthrofibrosis with surgery done on 07/14/15. On 08/06/15 she was discharged from SNF level care and was to begin outpatient physical therapy. She had precautions of wearing a knee immobilizer while in bed. On 08/27/15 CPM was discontinued. Continued aggressive/extensive physical therapy was recommended. On 09/17/15 she was progressing well. She was continuing to take Norco. She was performing a

home exercise program. She was having difficulty maintaining her knee in extension when out of the knee immobilizer. She had tremendous difficulty in maintaining extension since her prior surgery four years before. She was receiving electrical stimulation in the quadriceps region for muscle retraining when not exercising. Physical examination findings included a weight of 236 pounds. She had an abnormal short leg gait with a knee flexion contracture and knee stiffness. Active right knee range of motion was from 0 to 100. She had decreased strength due to guarding and pain. McMurray and patellar grind testing was positive. An additional 12 physical therapy treatments, a Knee hab electrical stimulator for quadriceps strengthening, and Lidoderm are being requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first- line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.