MAXIMUS Federal Services

Case Number:	CM15-0021135		
Date Assigned:	02/12/2015	Date of Injury:	03/19/2013
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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: Orthopedic Surgery

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 48 year old woman sustained an industrial injury on 3/19/2013 to her back after a chair moved while she was attempting to sit in it and she landed on the floor on her buttocks and struck her head on a metal cabinet. The chair then fell on her head and neck. Current diagnoses include cervical strain and sprain, left shoulder sprain and strain, left shoulder impingement syndrome, and lumbar spine strain/sprain. Treatment has included oral medications. Physician notes from the orthopedic surgeon dated 12/18/2014 show complaints of pain and stiffness to the neck, left shoulder and upper arm, bilateral wrists and hands, back, and left knee. Recommendations include medications and arthroscopic surgery to her left shoulder and left knee. A request was made for the stated surgical procedures as well as post-operative care including physical therapy, cold therapy unit, ultra sling, crutches, total range of motion knee brace, pre-operative clearance, and trigger point injections in the interim.On 1/13/2015, Utilization Review evaluated a prescription for 18 sessions of post-operative physical therapy to the left knee, that was submitted on 1/29/2015. The UR physician noted the worker will likely continue with marked limitation in both the shoulder and knee and should need physical therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total range of motion 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 (ODG), Knee & Leg, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines Section Knee Complaints.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Post operative physical therapy for the left knee, 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Offical Disability Guidelines Section Post-OP Knee Physical Therapy.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. In this case the exam note from 12/18/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant knee strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. Therefore the determination is for non-certification.According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification.