

Case Number:	CM15-0029069		
Date Assigned:	02/23/2015	Date of Injury:	04/12/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 4/12/13. He has reported fractured fibula. The diagnoses have included knee pain, fracture of lower leg, peroneal nerve injury and gastritis. Treatment to date has included physical therapy, right knee meniscal repair 2 times and oral medications. Currently, the injured worker complains of pain right knee radiating to heel and he is becoming more dysfunctional. Progress note dated 1/6/15 noted the injured worker had previously attended 12 sessions of physical therapy and prior to that he had at least 60 sessions of physical therapy. Physical exam noted decreased range of motion deformity, erythema, effusion, swelling and patellar tenderness of right knee. On 1/27/15, Utilization Review non-certified physical therapy 2 times a week for 6 weeks for right knee and hinge knee brace purchase, noting the documentation did not state how many sessions of physical therapy the injured worker had undergone since surgery and no documentation of the efficacy of the physical therapy treatments and no documentation to support instability of the knee for the knee brace. The MTUS, ACOEM Guidelines, was cited. On 2/16/15, the injured worker submitted an application for IMR for review of physical therapy 2 times a week for 6 weeks for right knee and hinge knee brace purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks for right knee and hinge knee brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Knee Brace.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Knee brace.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. "Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks." In this case the patient has completed 12 physical therapy visits. The requested additional 12 treatments would bring the total to 24 treatments. The number of treatments surpasses the recommended maximum of 10 visits. In addition there is no documentation of objective evidence of functional improvement. The request should not be authorized. Request for knee brace; Criteria for the use of knee braces are as follows: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. In this case there is no documentation that the patient has ambulatory dysfunction or any of the condition listed above. Medical necessity has not been established. The request should not be authorized.