

Case Number:	CM15-0211730		
Date Assigned:	10/30/2015	Date of Injury:	12/14/2014
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/27/2015

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: Illinois, California, Texas
 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 injured worker is a 40-year-old female police officer who sustained an industrial injury on 12/14/14. Injury occurred while she was running on a treadmill. She reported onset of left knee pain, popping and giving way. The 1/27/15 left knee MRI impression documented a tear of the posterior horn of the medial meniscus with an associated parameniscal cyst. There was patellofemoral articular cartilage degeneration and thinning but no full thickness defect or linear fissure. There was mild partial tear/tendinosis involving the distal quadriceps and distal patellar tendon insertion sites. There was small knee joint effusion. She underwent left knee diagnostic operative arthroscopy with partial medial meniscectomy, debridement of hypertrophic synovial plica on 5/18/15. The 8/13/15 treating physician report indicated that the injured worker was improving with physical therapy. She had completed 14 sessions with 50% subjective improvement, but since therapy had stopped her improvement had regressed to 30%. Her range of motion was decreasing and her pain was increasing. Physical exam documented well-healed arthroscopic portals, medial and lateral joint line tenderness, stable Lachman and anterior drawer, and stable varus and valgus testing. Range of motion was 5 to 110 degrees, strength was 4/5. Therapy had been extremely beneficial for her. The treatment plan recommended 12 additional sessions of formal physical therapy. Record indicated that 2 additional sessions were certified. The 9/24/15 treating physician report documented that the injured worker had undergone 16 post-op physical therapy sessions with a full month in between authorizations. She was employed in a position requiring Class IV arduous work and continued to experience overall weakness and fatigability. The physical therapy progress note on 9/23/14 indicated that she had a

significant way to go to gain strength and endurance and these were working aggressively during the physical therapy visits allowed. Her physical therapist had recommended 6 more sessions. She was unable to return to work full duty when return to modified work on 10/4/15. A web reaction brace was provided for structural stability and support. Authorization was requested for 6 sessions of physical therapy for the left knee and a Web reaction brace for the left knee. The 10/5/15 utilization review non-certified the request for 6 physical therapy sessions as the injured worker had been allowed at least 18 visits of physical therapy. There was no documentation of any significant functional improvement to support additional treatment over a home exercise program. The request for a web reaction brace for the left knee was non-certified as there was documentation that a post-operative hinged knee brace had already been provided with no clear rationale for the use of a web reaction brace at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions for the left knee: Overturned

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This injured worker is a police officer whose work activities include repetitive lower extremity high intensity mobility and strength demands. She is status post left knee meniscectomy with residual pain and functional deficits precluding return to work full duty. Clinical exam documented range of motion and strength deficits. Records noted benefit to prior physical therapy totaling 16 sessions with treatment interruption documented. Additional physical therapy for 6 visits to allow for full maturation of a home program and transition to full duty status is reasonable given her job demands. Therefore, this request is medically necessary.

Web reaction brace for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee braces.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: 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 unicompartmental osteoarthritis, or tibial plateau fracture. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. Guideline criteria have been met. This injured worker is a police officer whose work activities include stressing the knee under load. She is status post left knee meniscectomy. She has been released to modified duty status with progression to full duty anticipated. Progression from a hinged knee brace to a web reaction brace is medically reasonable and appropriate at this time. Therefore, this request is medically necessary.