

<b>Case Number:</b>	CM15-0214239		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	08/10/1995
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male who sustained an industrial injury 08-10-95. A review of the medical records reveals the injured worker is undergoing treatment for right hip and right knee osteoarthritis. Medical records (09-25-15) reveal the injured worker complains of right hip pain rated at 4/5 and right knee pain rated at 3/5. The physical exam (09-25-15) reveals limited hip and knee range of motion, as well as normal sensation in the right leg. Prior treatment includes medications including Celebrex, ibuprofen, tramadol, and Vicodin, as well as a right hip cortisone injection, and right knee and hip Hyalgan injections which provided relief for 8 months. The treating provider reports the plan of care is physical therapy, a knee brace, and another series of Hyalgan injections to the right knee and hip. The original utilization review (10-12-15) non certified the request for 12 physical therapy sessions to the right knee and hip as well as a right knee neoprene hinged brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy to the right knee and right hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting the right knee and right hip. The current request is for 12 sessions of physical therapy to the right knee and right hip. The treating physician report dated 9/25/15 (15B) states, "He has not performed any formal physical therapy sessions up to this point, but it is our opinion that he will not respond to this treatment." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the right knee. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

**1 right knee hinged neoprene brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee chapter, brace.

**Decision rationale:** The patient presents with pain affecting the right knee and right hip. The current request is 1 right knee hinged neoprene brace. The treating physician report dated 9/25/15 (15B) states, "Also he will require a custom right hinged knee brace to provide support and stability for his right knee." The MTUS guidelines do not address the current request. The ODG guidelines recommend a knee brace for instability of the knee. In this case, the treating physician is requesting a knee brace in order to provide stability and support for the patient's right knee. The current request satisfies the ODG guidelines as outlined in the "Knee and Leg" chapter. The current request is medically necessary.