Case Number:	CM15-0215964		
Date Assigned:	11/05/2015	**Date of Injury:**	07/31/2013
Decision Date:	12/22/2015	**UR Denial Date:**	10/12/2015
Priority:	Standard	**Application Received:**	11/03/2015

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: Indiana, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on July 31, 2013. The injured worker was diagnosed as having unspecified internal derangement of unspecified knee, unspecified fracture of shaft of unspecified tibia, and observation of other suspected diseases and conditions rules out. Treatment and diagnostic studies to date has included status post arthroscopic surgery to the bilateral knees, magnetic resonance imaging of the left knee, and at least 10 sessions of physical therapy. In a progress note dated October 05, 2015 the treating physician reports an increase in pain to the bilateral knees along with decreased range of motion to the bilateral lower extremities. Examination performed on October 05, 2015 was revealing for spasms and tenderness to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine, right knee joint deformity, joint effusions to the bilateral knees, "significantly" decreased range of motion to the right knee, positive McMurray's testing to the right knee, positive inferior and medial knee testing to the right knee, tenderness to the right patella, and tenderness to the anterior, medial left knee. On October 05, 2015 the treating physician noted post-operative physical therapy that indicated "improved" range of motion and mobility to the left lower extremity, "helped" regain strength, but was unable to run and unable to walk for long distances. The physical therapy progress note from September 14, 2015 that was session number 10 noted that the injured worker met 75% of his mobility goal, 75% of his pain goal, 90% of his range of motion, and 60% of his strength goal, but had impairments with activities of daily living function, balance, gait, muscle performance, pain, and strength. On October 05, 2015 the treating physician requested physical therapy three times four for the bilateral knees noting that the

injured worker had "functional improvement" with prior physical therapy and also requested an orthotic evaluation, with the progress note from August 31, 2015 noting that the orthotics were recommended "to reduce the patient's knee pain and further re-injury". On October 12, 2015 the Utilization Review denied the request for physical therapy three times four for the bilateral knees and an orthotic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the bilateral knees, three times a week for four weeks: Overturned

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 based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states 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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The employee has already had 10 sessions of physical therapy. There is documentation a transition to home exercises and functional improvement. As such, the request for PHYSICAL THERAPY x12 is medically necessary.

Orthotic evaluation: 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 Official Disability Guidelines (ODG) Knee; walking aides.

Decision rationale: Regarding orthotics, ODG states "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a

neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals." The employee meets the critera listed above, and thus the request for an orthotic evaluation is medically necessary.