

Case Number:	CM15-0051573		
Date Assigned:	03/25/2015	Date of Injury:	06/19/2003
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/18/2015

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: Internal 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 67 year old male, who sustained an industrial injury on 6/19/2003. He reported initial complaints of left knee pain. The injured worker was diagnosed as having bilateral knee degenerative joint disease. Treatment to date has included status post bilateral total knee replacement (2005); physical therapy. Currently, per the PR-2 hand written notes dated 3/3/15, the injured worker complains of continued knee discomfort and weakness with minimal effusion. The medical documentation demonstrates that physical therapy has been the treatment over the past year for strengthening the hips and knees. The provider is requesting custom-made orthotics for the bilateral knees and continued physical therapy for the left knee 2 times a week for 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-made orthotics for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 (ODG) Knee & Leg (Acute & Chronic)Knee brace.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints indicates that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Prophylactic braces are not recommended. Official Disability Guidelines (ODG) indicate that there are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. The primary treating physician's progress report dated 3/3/15 documented minimal effusion, positive crepitation, positive medial joint line pain, positive lateral joint line pain, 0 degrees to 130 degrees bilateral. Diagnosis was bilateral knee degenerative joint disease. No knee instability, ligament deficiency, or abnormal limb contour was documented on physical examination. Custom-made orthotics for bilateral knees were requested. The 3/3/15 progress report does not establish the medical necessity of custom-made knee orthotics. Therefore, the request for custom-made orthotics for bilateral knees is not medically necessary.

Physical therapy for the left knee 2 times a week for 6-8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The primary treating physician's progress report dated 3/3/15 documented minimal effusion, positive crepitation, positive medial joint line pain, positive lateral joint line pain, 0 degrees to 130 degrees bilateral. Diagnosis was bilateral knee degenerative joint disease. Physical therapy two times a week for 6-8 weeks was requested. Ten sessions of physical therapy were approved in 2014, and 6 sessions were approved in 2013. The 3/3/15 progress report does not document functional improvement with past PT physical therapy. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether

PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. The request for 12-16 visits of PT physical therapy exceeds MTUS and ODG guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.