

Case Number:	CM15-0057137		
Date Assigned:	04/02/2015	Date of Injury:	09/09/2009
Decision Date:	07/10/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 53 year old female who sustained an industrial injury on September 9, 2009. She has reported injury to the low back and bilateral knees and has been diagnosed with myoligamentous strain of the lumbar spine, rule out herniated nucleus pulposus, compression of the left knee, status post left knee surgery, and possible re-tear of the lateral meniscus, left knee. Treatment has included surgery, medications, and injections. Currently the injured worker had pain in the low back and bilateral knees with restricted range of motion. The treatment request included a consultation, durable medical equipment, and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up physician visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The patient is status post left knee surgery from 08/28/2010. The physician is requesting Follow up Physician Visit. The RFA dated 01/06/2015 shows a request for follow-up appointment 04/14/2015 at 10am. The patient is currently temporarily totally disabled. The ACOEM Guidelines page 341 supports orthopedic follow up evaluations every 3 to 5 days whether in-person or telephone. Per the 02/17/2015 report, the patient continues to complain of low back pain and bilateral knee pain. Exam shows range of motion is decreased and tenderness was noted. No other findings were noted. In this case, guidelines support follow evaluations every 3 to 5 days whether in-person or telephone and the request is medically necessary.

Durable medical equipment (DME) unloader medial bracing for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines knee & leg chapter, knee brace.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The patient is status post left knee surgery from 08/28/2010. The physician is requesting Durable Medical Equipment (DME) Unloader Medial Bracing for the Left Knee. The RFA dated 01/06/2015 shows a request for unloader medical bracing left knee. The patient is currently temporarily totally disabled. ACOEM Guidelines page 340 states, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, although its benefits may be more emotional than medical". The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture". The physician does not provide a rationale for the request. The AME report dated 12/03/2014 shows that the patient complains of constant lumbar spine pain. Her pain radiates to the bilateral lower extremities occasionally down the feet and toes with numbness and tingling. She also has weakness on both legs, especially of the left knee. Patellofemoral crepitus was noted. There is a 10 flexion contracture and limited flexion with pain on the left knee. No MRI or X-ray reports were provided. There is no indication that the patient was previously dispensed a knee brace. In this case, given the patient's symptoms and history of knee surgery the request is medically necessary.

Durable medical equipment (DME) home therapy exercise kits for the knee and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, Home Exercise.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The patient is status post left knee surgery from 08/28/2010. The physician is requesting Durable Medical Equipment (DME) Home Therapy Exercise Kits for the knee and lumbar. The RFA dated 01/06/2015 shows a request for home therapy exercise kit, knee kit and lumbar. The patient is currently temporarily totally disabled. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise". ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise". ODG Guidelines under the Knee and Leg Chapter on Home Exercise kits states, "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended". The physician does not discuss this request. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "home therapy exercise kit" for knee and low back does not delineate what is included in the "kit." Without knowing what the "kit" is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The physician does not provide any useful discussion regarding his request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. The request is not medically necessary.

Durable medical equipment (DME) single prong cane: 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 knee/leg chapter, walking aids.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The patient is status post left knee surgery from 08/28/2010. The physician is requesting Durable Medical Equipment (DME) Single Prong Cane. The RFA dated 01/06/2015 shows a request for Single prong DME. The patient is currently temporarily totally disabled. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the knee/leg chapter on walking aids states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. The physician does not discuss this request. Per the AME dated 12/03/2014, the patient complains of constant lumbar spine pain. Her pain radiates to the bilateral lower extremities occasionally down the feet and toes accompanies with numbness and tingling. She also has weakness on both legs, especially of the left knee. Patellofemoral crepitus was noted. There is a 10 flexion contracture and limited flexion with pain on the left knee. Records do not show that a cane was dispensed previously. Based on diagnosis, physical examination findings and continued pain, the request for a cane appears reasonable. Therefore, the request is medically necessary.

Aquatic therapy 2 times a week for 4 weeks for the low back and knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with low back pain and bilateral knee pain. The patient is status post left knee surgery from 08/28/2010. The physician is requesting Aquatic Therapy 2 times a week for 4 weeks for the Low Back and Knee. The RFA dated 01/06/2015 shows a request for aquatic therapy, lumbar and knee, West Star Physical Therapy duration 2x for 4 weeks. The patient is currently temporarily totally disabled. MTUS Guidelines, page 22, under Aquatic therapy states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine". MTUS Guidelines, pages 98-99, under Physical Medicine: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". The patient is not post-surgical. Records do not show a history of aquatic therapy. Per the AME dated 12/03/2014, the patient complains of constant lumbar spine pain. Her pain radiates to the bilateral lower extremities occasionally down the feet and toes accompanies with numbness and tingling. She also has weakness on both legs, especially of the left knee. Patellofemoral crepitus was noted. There is a 10 flexion contracture and limited flexion with pain on the left knee. None of the reports mention that the patient is extremely obese. In this case, the physician does not discuss why the patient is unable to tolerate land-based therapy. The request is not medically necessary.