

Case Number:	CM15-0085158		
Date Assigned:	05/07/2015	Date of Injury:	02/05/2015
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old female police officer who sustained an industrial injury on 02/05/2015 when jumped from behind by a working canine. The injured worker was diagnosed with a severely comminuted left tibial plateau with acute compartment syndrome. Emergent surgery was performed for stabilization with external fixator bridge and decompressive fasciotomies and followed by an open reduction internal fixation, left knee lateral arthrotomy with lateral meniscus repair on February 13, 2015. The injured worker noted a painful hard prominence about 6 weeks later, returned to the emergency room and underwent a left knee medial hardware removal and revision of medial tibial plateau fracture open reduction internal fixation on March 20, 2015. Treatment to date includes diagnostic testing, extensive surgical repair with hardware removal and revision, range of motion knee brace, home health assistance, physical therapy, pain management and medications. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience left knee and lower extremity pain with numbness at the anterior left tibia. The injured worker rates her pain level at 7-9/10 with current medication regimen. Movement is restricted secondary to pain. Lower extremity pulses are intact. Current medications are listed as Ms Contin ER, Hydrocodone, Ibuprofen, Miralax and Colace. Treatment plan consists of initiating Gabapentin and Omeprazole, observing for complex regional pain syndrome after wound healing and the current request for home health aide 8 hours a day four times a week, physical therapy 2-3 times a week for 8 weeks and Dynasplint for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint for 6 months: Upheld

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): 339-340. Decision based on Non-MTUS Citation Our Products, DynaSplint Systems Inc. Accessed 06/06/2015. <http://www.dynasplint.com/joints/knee>.

Decision rationale: The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation indicated the worker was experiencing left leg pain after a procedure. There were no documented examination findings suggesting the right knee was unstable. Further, there was no discussion suggesting the worker was actively performing the type of activities described above or why this particular brace was needed after the procedure. In the absence of such evidence, the current request for a Dynasplint for six months is not medically necessary.

Continue home health aide 8 hours a day for 4 weeks: 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 Home Health Services Page(s): 51.

Decision rationale: The MTUS Guidelines recommend the use of home health services for those who are homebound and for a maximum of thirty-five hours per week. The worker must have a skilled need, not just require homemaker assistance. The documentation concluded the worker was experiencing left leg pain after a procedure. There was no discussion sufficiently detailing the worker's unmet skilled medical needs, the reason the requested large number of hours was needed, or special circumstances that would sufficiently support the need for these services. In the absence of such evidence, the current request for a home care assistant eight hours daily for four weeks is not medically necessary.

Physical therapy 2-3 times a week for 8 weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing left leg pain after a procedure. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the number of requested sessions. In the absence of such evidence. In the absence of such evidence, the current request for physical therapy sessions done two to times weekly for eight weeks is not medically necessary.