

Case Number:	CM15-0085817		
Date Assigned:	05/08/2015	Date of Injury:	07/14/2014
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old female, who sustained an industrial injury on 7/14/2014. She reported right knee pain after emptying a 30-gallon tote. The injured worker was diagnosed as having right knee patellofemoral inflammation. Treatment to date has included medications, magnetic resonance imaging, and physical therapy. The request is for additional physical therapy and a hinged knee orthosis. On 2/4/2015, she had right knee pain, rated 3-4/10. The treatment plan included: TENS, Terocin patches, Nalfon, hot/cold wraps, and physical therapy. On 4/1/2015, she complained of intermittent right knee pain that is worse during the day. She is working full time regular duties. The treatment plan included: additional physical therapy, Tramadol, Naproxen, and a hinged knee brace. The records indicate she reported medications to help her pain. The records do not indicate functional improvement from physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 Times A Week for 6 Weeks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This 43 year old female has complained of knee pain since date of injury 7/14/14. She has been treated with medications and physical therapy, 18 sessions of passive physical therapy thus far. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis, myalgia and/or radiculitis. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. Physical therapy 2 x 6 is therefore not indicated as medically necessary.

Hinged Knee Orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: This 43 year old female has complained of knee pain since date of injury 7/14/14. She has been treated with medications and physical therapy. The current request is for a hinged knee orthosis. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee pain. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. A knee brace is therefore not indicated as medically necessary.