

Case Number:	CM14-0122843		
Date Assigned:	09/16/2014	Date of Injury:	04/12/2000
Decision Date:	10/27/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 46 year old female with a reported date of injury of April 12, 2000. Mechanism of injury is noted as a motorcycle training accident, while performing the regular duties of her occupation as a police officer. Diagnosis is listed as other repair of knee (81.47). Orthopedic evaluation office visit, dated June 27, 2014 indicates the injured worker reported complaint of right knee pain, primarily on the medial side, that rates as high as five out of ten and is starting to ache and become constant throughout the day. The pain is worse with weight bearing, prolonged standing and overuse and improves with rest and activity. She has tried physical therapy along with ice and anti-inflammatory medications, uses an anterior cruciate ligament (ACL) brace and has utilized custom orthotics given to her in 2008. She currently takes ibuprofen for breakthrough discomfort. Imaging of bilateral knee AP, merchant view, lateral view x-ray of right knee, taken on June 24, 2014, reveal status post right knee anterior cruciate ligament (ACL) reconstruction, status post right knee medial and lateral partial meniscectomy and tricompartmental knee osteoarthritis. The treating physician prescribed physical therapy and recommended bilateral custom orthotics. The work status, as of this visit, is that the injured worker is to continue working unrestricted. Prior utilization review denied request for Bilateral custom orthotics times 2 and physical therapy 1-2 times a week for 6 weeks - right knee on July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral custom orthotics x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee

Decision rationale: Per ACOEM guidelines, Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: Abnormal limb contour, such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), Minimal muscle mass on which to suspend a brace, Skin changes, such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee, compartment (example: heavy patient; significant pain), Severe instability as noted on physical examination of knee. In this case, the above criteria are not met and thus the requested device is not medically necessary per guidelines.

Physical therapy 1-2 times a week for 6 weeks -right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / derangement of meniscus, post-surgical (meniscus tear) PT; 12 visits over 12 weeks, and 24 PT visits over 10 weeks for post-surgical treatment of ACL repair. In this case, the IW has received post-surgical physical therapy in the past; however, there is no record of progress notes with documentation of any objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more PT visits. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Additional PT would also exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.