

Case Number:	CM14-0133815		
Date Assigned:	08/27/2014	Date of Injury:	06/27/2000
Decision Date:	11/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational Medicine, 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 patient is a 53 y/o male who developed chronic knee problems subsequent to an injury dated 6/27/2000. He is reported to have had multiple left knee surgeries which included chondroplasty, oats procedure, micro fractures and ACL repair. He has had a single right sided procedures. Multiple injection therapies (Synvisc, steroids, PRP) have been trialed without success. He is reported to have increasing left knee pain with frequent buckling and falls. Instability is noted on the physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left knee with contrast: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333, 343.

Decision rationale: MTUS Guidelines supports the use of MRI studies if there is a suspected collateral ligament tear associated with instability. This patients clinical presentation is consistent with Guideline support for MRI studies. The left knee MRI with contrast is medically necessary.

DME: knee braces: Overturned

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

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

Decision rationale: MTUS Guidelines supports the judicious use of knee braces if there is an instability that limits activities. It is clearly documented that there is an instability that is associated with buckling and reported falls. Under these circumstances bracing appears medically reasonable. The requested knee bracing is medically necessary.

Physical therapy (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine

Decision rationale: MTUS Guidelines support limited physical therapy for knee injuries with the goal of developing an longer term independent rehabilitation program. MTUS Guidelines do not detail what constitutes a reasonable amount of therapy. ODG Guidelines provide additional details and recommend up to 9 sessions of various strains and sprains and more extensive therapy post operatively. The records do not provide any documentation regarding the extent of prior physical therapy and the physician does not document the extent of this request nor the specific goals of therapy. Under these circumstances, the open ended request for physical therapy is not consistent with Guidelines and is not medically necessary.