MAXIMUS Federal Services

| Case Number: | CM14-0142666 | | |
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| Date Assigned: | 09/10/2014 | Date of Injury: | 06/11/2010 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/03/2014 |

## 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:

The injured worker is a 37-year-old male who reported an injury on 06/11/2010 due to an unknown mechanism. Diagnoses were osteoarthrosis unspecified whether generalized or localized involving lower leg, pain in joint involving lower leg. Past treatments were not reported. Diagnostic studies were not reported. Surgical history was left knee arthroscopic surgery x5, and had arthrotomy of the right knee with autologous chondrocyte implant, femoral groove. Physical examination on 08/07/2014 revealed the injured worker had asked when he was able to get off the crutches, pain was reported to be a 6/10. Examination revealed tenderness, stiffness, and swelling to the right knee, as well as limited range of motion. The injured worker had asked for an unloader brace for his left knee due to overcompensation. Treatment plan was for physical therapy 3 times a week for 4 weeks to increase joint flexibility. The rationale and Request for Authorization were not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times weekly for left and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The decision for Physical Therapy 3 times weekly for left and right knee is not medically necessary. The MTUS Chronic Pain Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum 9 to visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was not reported if this was postoperative physical therapy or additional therapy. In the absence of documentation regarding the requested procedure, this request is not medically necessary.

**Unloader Brace, left knee:** Upheld

**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): 346.

**Decision rationale:** The ACOEM Guidelines state a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or mediocollateral ligament (MCL) instability, although its benefits may be more emotional (i.e. increasing the patient's confidence) than medical. Usually, a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces needed to be properly fitted and confined with a rehabilitation program. A brace is used for patellar instability, ACL tear, or MCL instability. It was not reported that the injured worker had any of those diagnoses. There were no significant factors reported to justify the use of an unloader brace, left knee. Therefore, this request is not medically necessary.