

<b>Case Number:</b>	CM14-0179684		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 65 year old male who reported an injury on 09/17/2007 due to standing after a prolonged kneeling position. His diagnoses include status post right knee arthroscopy with residual or recurrent internal derangement and tricompartmental degenerative joint disease of the right knee. His past treatments include physical therapy, bracing and medication. The diagnostic studies were noted to include an MRI of the right knee on 06/30/2014, which revealed medial meniscus signal abnormality, lateral meniscus degeneration with signal abnormality, findings consistent with previous surgery or posterior horn compatible tear, and degenerative joint disease with chondromalacia and small joint effusion. An x-ray of the right knee on 07/14/2014 revealed mild to moderate osteoarthritis. His surgical history was noted to include two pre-injury right knee repairs, and a partial meniscectomy and chondroplasty in 08/2011. On 10/02/2014, the patient reported persistent and increasing pain with stiffness to his right knee. The physical exam findings were noted to reveal findings revealed restricted range of motion of flexion 82 degrees and extension 3 degrees as well as significant crepitus upon ranging and tenderness to palpation over the medial and lateral joint line. There was right positive McMurray's test, intact strength of 5/5, and intact sensation and reflexes. He was recommended for right total knee arthroplasty. Current medications were not provided. The treatment plan was noted to include 18-24 visits of post-operative physical therapy for the right knee and a custom hinged Don Joy Brace. A Request for Authorization form and rationale for the request were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial post-operative physical therapy, 18-24 visits, right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** The request for Post-Operative Physical Therapy, 18-24 Visits, Right Knee is not medically necessary. The California MTUS Guidelines recommend up to 24 visits of post-surgical physical therapy for the knee. More specifically, the guidelines recommend an initial course of post-surgical physical therapy equal to one-half the total recommended; and with documented evidence of functional improvement, additional physical therapy visits would be supported. There was insufficient documentation indicating the surgery was authorized and/or performed. Additionally, the request is for 18-24 visits of post-surgical physical therapy; however, the guidelines recommend an initial course of therapy of half of the total visits recommended to monitor for functional improvement that would justify additional services. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Post-Operative Physical Therapy, 18-24 Visits, Right Knee is not medically necessary.

**Custom Hinged Don Joy Brace, right 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 Knee and Leg (updated 10/7/14) Criteria for the use of Knee Braces

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

**Decision rationale:** The request for Custom Hinged Don Joy Brace, Right Knee is not medically necessary. The Official Disability Guidelines recommend custom knee braces for abnormal limb contour, skin changes that may result in skin break down, severe osteoarthritis, maximal off-loading for pain relief secondary to being overweight, or documented evidence of severe instability. There was insufficient documentation to indicate abnormal limb contour of the right knee, skin changes that could result in skin break down, severe osteoarthritis, significant pain secondary to overweight status, and evidence of severe instability. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Custom Hinged Don Joy Brace, right knee is not medically necessary.