

<b>Case Number:</b>	CM14-0099005		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/15/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 patient is a 58-year-old female who has submitted a claim for bilateral knee pain, degenerative joint disease, bilateral knees, osteopenia of the knees, patellofemoral pain syndrome, and bilateral trochanteric bursitis, left greater than right associated with an industrial injury date of 11/15/2011. Medical records from 11/06/2013 to 05/14/2014 were reviewed and showed that patient complained of bilateral knee and hip pain graded 3-5/10. Physical examination revealed swelling of bilateral knees, mild joint effusion of left knee, moderate joint effusion of right knee, and decreased right knee flexion. Complete hip evaluation was not made available. Treatment to date has included unspecified visits of physical therapy, bilateral knee brace, and pain medications. Of note, there was no documentation of functional outcome from previous physical therapy visits. There was no documentation of recent participation in a rehabilitation program. Utilization review dated 06/05/2014 denied the request for physical therapy for bilateral knees and hip two (2) times a week for six (6) weeks because there was no indication that the patient could not be independent with HEP. Utilization review dated 06/05/2014 denied the request for right knee brace because there was lack of rationale to support the use of brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Bilateral Knees and Hip Two (2) Times a Week for Six (6) Weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg Chapter

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

**Decision rationale:** According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed unspecified visits of physical therapy. There was no documentation of functional outcome from previous physical therapy visits. It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for Physical Therapy for the bilateral knees and hip two (2) times a week for six (6) weeks is not medically necessary.

**Right Knee Brace:** 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 Chapter

**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 Brace

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, physical exam findings did not reveal knee instability or ligament insufficiency/deficiency to support knee brace use. Furthermore, it is unclear if the patient is currently participating in a rehabilitation program. The guidelines recommend knee brace as an adjunct to rehabilitation or if the patient will put the knee under stress. Therefore, the request for Right knee brace is not medically necessary.