

Case Number:	CM14-0148528		
Date Assigned:	09/18/2014	Date of Injury:	08/04/2012
Decision Date:	01/21/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 24 year old male with the injury date of 08/04/12. Per 07/30/14 physician's report, the patient has right knee pain with frequent bouts of giving out, especially when he steps off a curb or step. The diagnosis is s/p arthroscopic debridement and open patellar realignment of the right knee on 11/11/13. The patient is not working. The utilization review letter 08/19/14 indicates that as of the 6/13/14 progress report (which was not provided for this review), "there has been slight weakness of the quadriceps muscle on the right with some atrophy and decreased flexion range of motion, compared to the left." The MRI from 01/26/13 reveals 1) linear increased signal in the posterior horn of the medial meniscus which likely reflects internal degeneration 2) linear increased signal in the posterior horn of the lateral meniscus which likely reflects internal degeneration 3) lateral subluxation of the patella on extension with reduction during flexion. Since the patient's knee surgeon felt that the patient needed more physical therapy to increase strength/ mobility and reduce pain, the treater prescribed physical therapy on 07/30/14. The utilization review determination being challenged is dated on 08/19/14. Treatment reports were provided from 03/21/13 to 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post - op physical therapy sessions for the right knee: Upheld

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

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

Decision rationale: The patient presents with pain in his right knee. The patient is s/p arthroscopic debridement and open patellar realignment of the right knee on 11/11/13. The request is for 12 POST-OP PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE. The current request of 12 therapy sessions is outside of post-operative time frame as the request is outside of 6 months following the knee surgery. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater requested therapy to increase strength/ mobility and reduce pain. The utilization review letter 08/19/14 indicates that 10 sessions of therapy was authorized on 07/08/14. Review of the reports does not discuss how many sessions the patient has had in the past or how the patient has responded to treatments in terms of pain reduction or functional improvement. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 10 already authorized would exceed what is recommended per MTUS guidelines. The request IS NOT medically necessary.

Neoprene knee sleeve: 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): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter online for knee braces

Decision rationale: The patient presents with pain in his right knee. The patient is s/p arthroscopic debridement and open patellar realignment of the right knee on 11/11/13. The request is for NEOPRENE KNEE SLEEVE. There is no discussion as to why knee sleeve is being prescribed. MTUS does not mention knee brace. ACOEM Chapter 13, page 339-340 states that "a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral 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 need to be properly fitted and combined with a rehabilitation program." ODG guidelines, knee chapter online for knee braces (<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>) allows knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the patient had arthroscopic debridement and open patellar realignment of the right knee on 11/11/13 and the patient still has

frequent bouts of giving out especially when he steps off a curb or step. The request IS medically necessary.