

<b>Case Number:</b>	CM14-0210971		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/06/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 presents with mild Right knee pain. The request is for KNEE BRACE NEOPRENE SLEEVE RIGHT. The patient is status post Right knee arthroscopy 01/24/13. Patient's current medications include Tramadol, Prilosec and Lodine. Patient is TTD.ACOEM page 304 recommends "knee brace 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, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartamental OA, or tibial plateau fracture." Treater has not provided reason for the request. Given the patient's diagnosis, the request for Right knee brace would appear to be reasonable. However, the request is for neoprene sleeve which does not have much support from the guidelines. The examination findings are also not significant, as patient presents with only mild knee pain. Per treater's report 04/06/14, after arthroscopy, pain improved to 3/10. Therefore, given no documentation or discussion as to how the brace will benefit the patient, the request IS NOT medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HEP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Exercise.

**Decision rationale:** The patient presents with pain and weakness in her left foot. The request is for HEP. ACOEM guidelines page 309, Low back chapter, recommends "low-stress aerobic exercise." ODG guidelines, Pain (Chronic) chapter, Exercise, recommend exercise programs including aerobic conditioning and strengthening. In this case, the request of HEP is not clear. The utilization review letter 04/06/14 referred HEP as home exercise program and denied the request, stating "home exercise program does not require authorization." The request is non-specific and indeed does not require authorization. Home exercise program by definition, is something that is done at home, by the patient. The treater does not explain and it would appear that it's something the treater is asking the patient to do. Given that the request does not require any tacit approval, or reimbursement, it IS NOT medically necessary as a medically provided service.

**Daily swimming pool exercises:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines aquatic therapy Page(s): 22.

**Decision rationale:** The patient presents with pain and weakness in her left foot. The request is for Daily Swimming Pool Exercise. Per 07/24/14 and 09/09/14 reports, the treater requested 12 sessions of aqua therapy. Per 08/25/14 and 11/03/14 reports, the treater requested swimming pool exercise daily to aid in general strengthening, physical conditioning and mood elevation. It is not clear whether the treater requested aqua therapy or something else. There is no RFA. The utilization review letter does not discuss this request except "left a detailed message for [REDACTED] receptionist." For aqua therapy, MTUS page 22 states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In this case, none of the reports discuss why this is needed over land based therapy or home exercises. There is no documentation of extreme obesity or a need for weight-reduced exercise program. There is no barrier to the patient performing daily pool exercises and the treater does not explain what is actually being asked for in terms of medical intervention. Based

on the guidelines, water exercises are indicated if there is extreme obesity or if weight-reduced exercises are needed. Given that this is not the case for this patient, the request IS NOT medically necessary.