

Case Number:	CM14-0213411		
Date Assigned:	12/30/2014	Date of Injury:	10/21/2013
Decision Date:	03/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old male with a 10/21/13 date of injury, when he fell on his left foot and his left knee buckled and popped. The progress reports indicated that the patient sustained a left ankle fracture in early 2014 and received a cast. The patient was certified for a left knee arthroscopy with partial meniscectomy on 12/03/14. The patient was seen on 12/11/14 with complaints of significant pain in the bilateral lower extremities involving both knees and both ankles, mainly on the left side. Exam findings revealed 4/5 motor strength of the bilateral knees and patellar crepitus bilaterally. The progress note stated that the patient was certified for an MRI of the lumbar spine and an MRI of the left ankle. The diagnosis is lumbar sprain/strain, lumbosacral radiculopathy, knee tendonitis/bursitis, anterior cruciate ligament sprain/strain, and ankle fracture. Treatment to date: work restrictions, DME, PT, and medications. An adverse determination was received on 12/03/14 given that the guidelines supported 12 visits of initial postoperative PT after knee arthroscopy; a lack of evidence to warrant the use of a post-operative knee brace and for a lack of documentation of ongoing significant ankle complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic mechanical post operative immobilizer purchase- left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Leg Chapter) Knee braces.

Decision rationale: CA MTUS states that a knee 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 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 states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. The patient was certified for a left knee arthroscopy with partial meniscectomy on 12/03/14. However, there is a lack of documentation that the patient underwent the surgery. In addition, the Guidelines state that the benefits from a knee brace are more emotional than medical. Additionally, given that the use of a knee brace is not a standard care after meniscectomy there is no clear rationale indicating the necessity for this device for the patient. Therefore, the request for Dynamic mechanical postoperative immobilizer purchase- left knee was not medically necessary.

Podiatry Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Workers Compensation TWC Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Office Visits.

Decision rationale: CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The progress reports indicated that the patient sustained a left ankle fracture in early 2014 and received a cast. During the encounter dated 12/11/14 the patient complained of significant pain involving both ankles, mainly on the left side. In addition, the progress note dated 12/11/14 stated that the patient was certified for an MRI of the left ankle. However, it is not clear if the patient underwent the MRI and it is not clear why the patient need to see a podiatrist without a diagnostic report. Therefore, the request for Podiatry Consultation was not medically necessary.

Post-operative physical therapy x18- left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. In the short term therapy interventions with exercises based on functional activities may be more effective after total knee arthroplasty than traditional exercise programs, which concentrate on isometric muscle exercises and exercises to increase range of motion in the joint. For postsurgical treatment: (Meniscectomy) the Guidelines recommend 12 visits of postoperative PT over 12 weeks. The patient was certified for a left knee arthroscopy with partial meniscectomy on 12/03/14. During the encounter dated 12/11/14 the patient complained of significant pain in the bilateral lower extremities involving both knees and both ankles, mainly on the left side. In addition, the UR decision dated 12/03/14 modified the request for 18 visits of postoperative PT to 12 visits. However, there is a lack of documentation indicating that the patient underwent had completed initial postoperative PT treatment with functional benefits. Lastly, the Guidelines recommend initial 12 visits of postoperative PT after knee arthroscopy and there is no clear rationale indicating that the patient needed further PT sessions, as would be the case with demonstrated functional gains from initial PT. Therefore, the request for Partial Certification: Post-Operative Physical Therapy x18 Left knee was not medically necessary.