

Case Number:	CM15-0000278		
Date Assigned:	01/09/2015	Date of Injury:	03/30/2012
Decision Date:	03/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/02/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 48 year old female who sustained an industrial injury on March 30, 2012. The injured worker reported an injury to the left knee. She also complained of neck, knee, hands and wrist pain which started in 2005. Diagnoses include cervical disc disease, left knee pain and status posts a left knee lateral meniscetomy. Treatment to date has included diagnostic testing, physical therapy and an arthroscopic left lateral meniscetomy on July 30, 2014. Documentation dated July 14, 2014 notes that the injured worker complained of persistent pain in the left knee pain and weakness. Physical examination revealed decreased range of motion with pain of the left knee. She also had deficits in mobility, strength and function. Cervical spine examination revealed tenderness to palpation with guarding and spasms. On January 2, 2015, the injured worker submitted an application for IMR for review of the requests for physical therapy two times a week times four weeks and a knee brace. On December 5, 2014 Utilization Review non-certified the request for physical therapy to the left knee and a knee brace. The MTUS, Postsurgical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4; left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker is a 48-year-old female with date of injury of 3/30/2012. She underwent lateral meniscectomy of the left knee on 7/30/2014. Postoperatively she received 20 physical therapy treatments. Examination on 12/19/2014 revealed range of motion from 0-130 and 5/5 muscle strength. The injured worker complains of knee pain and weakness. The request at issue is for physical therapy 2 x 4 for the left knee and a left knee brace. California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The postsurgical physical medicine treatment can be up to 6 months from the date of surgery. The initial course of therapy is 6 visits and then with documentation of objective functional improvement another 6 visits may be prescribed. In order to prescribe any additional treatment it must be concluded that additional functional improvement will continue. The injured worker has exceeded the guidelines department of 12 visits. Her range of motion is good and there is no reason why she cannot continue with a home exercise program for strengthening. As such, the request for additional physical therapy is not supported by guidelines and the medical necessity of the request is not substantiated.

Left 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: With regard to the request for a knee brace the California MTUS guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament 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. As such, the request for a knee brace is not supported by guidelines and the medical necessity is not substantiated.