

Case Number:	CM15-0174726		
Date Assigned:	09/16/2015	Date of Injury:	02/07/2014
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 02-07-2014. He has reported injury to the neck, right knee, right foot, and low back. The diagnoses have included cervicalgia; lumbago; right knee pain; osteoarthritis, right knee; derangement of posterior horn of medial meniscus; right grade 3 MCL (medial collateral ligament) tear; status post MCL reconstruction with Achilles allograft, partial medial and lateral meniscectomies, chondroplasty, on 12-05-2014; status post right foot crush injury; post-traumatic forefoot neuritis due to crush injury; and post-traumatic plantar fasciitis, right foot. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen and Terocin Patch. A progress report from the treating physician, dated 07-31-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the head, neck, upper back, and right shoulder with radiation to the right arm; he also complains of pain in the mid back, lower back, right knee, right ankle, and right foot with radiation to the right leg; the pain is associated with tingling and numbness in the neck, back, right leg, and right foot, as well as weakness in the back, right leg, and right foot; the pain is constant and severe in intensity; the pain is rated at 9 out of 10 in intensity; the average level of pain in the last seven days is rated at 8 out of 10 in intensity; and he had the right knee surgery on 12-05-2014, and has finished physical therapy for the knee rehab. Objective findings included he ambulates with a cane; he sits uncomfortably; decreased lumbar spine ranges of motion; rotation and side-bending are limited; sensory exam is grossly intact to light touch and pinprick throughout the upper and lower extremities; he has finished therapy for the knee, with the recommendation for a hinged knee brace; and chiropractic physiotherapy has been significantly helpful in reducing the injured worker's symptomatology.

The treatment plan has included the request for hinged knee brace for right knee; and chiropractic physiotherapy 2 times a week for 5 weeks-quantity: 10. The original utilization review, dated 08-20-2015, non-certified a request for hinged knee brace for right knee; and chiropractic physiotherapy 2 times a week for 5 weeks-quantity: 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged knee brace for right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. 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 Chapter under Knee Brace.

Decision rationale: Based on the 4/24/15 progress report provided by the treating physician, this patient presents with head pain, neck pain, upper back pain, right shoulder pain radiating to the right arm, right knee pain, and right ankle/foot pain radiating to the right leg, overall pain rated 8/10 on VAS scale. The treater has asked for Hinged knee brace for right knee on 4/29/15 “given his significant injury to the MCL.” The request for authorization was not included in provided reports. The patient is s/p a right knee MCL reconstruction with Achilles allograft, partial and medial meniscectomies and chondroplasty from November 2014 per 4/29/15 report. The patient is ambulating with a cane per 4/24/15 report. The patient is s/p crush injury to his right foot from 2014, and was recommended a right foot surgery which was never performed; the patient has not been seen for his right foot in over a year per 6/10/15 report. Physical exam on 6/10/15 showed “unable to put full weight on right forefoot. He walks with a cane and has significant swelling in the right knee.” The patient’s work status is currently not working per 6/10/15 report. 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 unicompartmental OA, or tibial plateau fracture.” The patient is s/p right knee surgery from November 2014, and the request is for a knee brace. The patient has a diagnosis of sprain of MCL of right knee, and derangement of posterior horn of medial meniscus of right knee. In this case, the patient is status post right knee MCL reconstruction, and continues with pain, swelling, difficulty ambulating, and inability to bear weight on right foot. A knee brace may be considered as a conservative option. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Chiropractic physiotherapy 2 times a week for 5 weeks - Qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Based on the 4/24/15 progress report provided by the treating physician, this patient presents with head pain, neck pain, upper back pain, right shoulder pain radiating to the right arm, right knee pain, and right ankle/foot pain radiating to the right leg, overall pain rated 8/10 on VAS scale. The treater has asked for Chiropractic physiotherapy 2 times a week for 5 weeks - Qty 10 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p a right knee MCL reconstruction with Achilles allograft, partial and medial meniscectomies and chondroplasty from November 2014 per 4/29/15 report. The patient is ambulating with a cane per 4/24/15 report. The patient is s/p crush injury to his right foot from 2014, and was recommended a right foot surgery, which was never performed; the patient has not been seen for his right foot in over a year per 6/10/15 report. The patient's work status is currently not working per 6/10/15 report. MTUS guidelines, Manual therapy and Manipulation section, pages 58-59, recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS further states that chiropractic treatments are not recommended for the Knee. The current request is for chiropractic therapy 10 visits. The treater does not discuss this request in the reports provided. However, there was a prior request for chiropractic treatment per RFA dated 5/4/15, which states: 6 additional sessions and gives the diagnoses of lumbago, cervicgia, and knee pain. It appears the patient has had prior chiropractic treatments of unspecified quantity. However, there is no documentation of when prior chiropractic sessions took place, and the objective response to the treatment. In this case, recommendation cannot be made as the request is for chiropractic treatment for the back, neck and right knee, as MTUS does not support manual therapy for the knee. Therefore, this request IS NOT medically necessary.