

Case Number:	CM15-0174917		
Date Assigned:	09/16/2015	Date of Injury:	04/04/2013
Decision Date:	10/16/2015	UR Denial Date:	08/14/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on 04-04-2013. The injured worker was diagnosed as having primary osteoarthritis lower leg, tear of medial cartilage or meniscus of knee, current, and contracture of joint, lower leg. Treatment to date has included diagnostics, right knee surgery on 8-20-2013 and 11-14-2014 (arthroscopic debridement x2), physical therapy (at least 12 visits per Qualified Medical Evaluation on 3-16-2015), cortisone injection, and medications. On 7-27-2015, the injured worker complained of right knee pain, increased to 8 out of 10. Strength, stability, and range of motion were "poor" with numbness, tingling, and recurrent swelling. He reported difficulty going up and down stairs and difficulty with pain squatting. Exam of the right knee noted -5 to 120 degrees range of motion, with pain at the extreme of flexion and extension. Patellar facet tenderness, Fairbank's test, and joint line tenderness were documented as both positive and negative. There was "moderate" lower extremity atrophy. He was taking only medication for blood pressure and doing a "very light home exercise program". The treatment plan included additional physical therapy for the right knee for post-operative treatment and a six-week course of an Elite seat dynamic extension device, due to significant flexion contracture of the right knee. His work status remained total temporary disability. Physical therapy progress notes were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the right knee: 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): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy 2 times per week for six weeks to the right knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis lower leg; tear of the medial cartilage or meniscus of knee; and contracture of joint, lower leg. Date of injury is April 4, 2013. Request for authorization is August 4, 2015. According to a July 27, 2015 progress note, the injured worker was last seen December 5, 2014. Subjectively, the injured worker has right knee pain and swelling 8/10. Objectively, there is no swelling. There is decreased range of motion, positive patella tendinitis with a stable knee joint. The treating provider is requesting course of 12 sessions of physical therapy. The injured worker is status post right knee arthroscopy and received 25 sessions of physical therapy. There are no physical therapy progress notes in the medical record there is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no physical therapy progress notes and no compelling clinical facts dictating additional physical therapy is warranted, additional physical therapy 2 times per week for six weeks to the right knee is not medically necessary.

Elite seat rental for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hand Chapter, Dynasplint.

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 section, Continuous passive motion, (CPM); DME.

Decision rationale: Pursuant to the Official Disability Guidelines, Elite seat rental for eight weeks is not medically necessary. The criteria for SPS therapy includes candidates with connective tissue changes as a result of traumatic and non-traumatic conditions or immobilization causing limited joint range of motion, including total knee replacement, ACL

reconstruction, fractures and adhesive capsulitis. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are osteoarthritis lower leg; tear of the medial cartilage or meniscus of knee; and contracture of joint, lower leg. Date of injury is April 4, 2013. Request for authorization is August 4, 2015. According to a July 27, 2015 progress note, the injured worker was last seen December 5, 2014. Subjectively, the injured worker has right knee pain and swelling 8/10. Objectively, there is no swelling. There is decreased range of motion, positive patella tendinitis with a stable knee joint. The treating provider is requesting course of 12 sessions of physical therapy. The device is being used to treat a flexion contracture. There is no clinical indication based on the medical record documentation for the seat rental. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a clinical indication for the Elite seat for a flexion contracture of the knee, Elite seat rental for eight weeks is not medically necessary.