MAXIMUS Federal Services

Case Number:	CM15-0043011		
Date Assigned:	03/13/2015	Date of Injury:	01/24/2012
Decision Date:	04/22/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 1/24/2012. She has reported a trip and fall injuring the back and bilateral knees. The diagnoses have included lumbar disc disorder, degenerative disc disease with facet arthropathy, right knee medial meniscal tear, left knee meniscal tear, and patellar tracking syndrome on the left. Treatment to date has included medication therapy, physical therapy, and a back brace. Currently, the Injured Worker complains of a flare up of low back pain two weeks prior and left knee pain. The physical examination from 1/12/15 documented ongoing tenderness at L4-5 and L5-S1 levels and positive Kemp's test. The left knee had crepitation on passive flexion and extension, positive Clarke sign and positive patellar grinding test. The plan of care included physical therapy to bilateral knees and chiropractic treatment for low back pain secondary to facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Titan Anterior Cruciate Ligament Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers'

Compensation; MEDLINE/Pubmed; Anthem Blue Cross Medical Policies and Clinical UM Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, brace.

Decision rationale: The most recent progress note dated January 12, 2015 includes a complaint knee pain without instability. There were also no instability findings or laxity on physical examination. An anterior cruciate ligament brace is specifically designed to help with ACL laxity. As there is none for the injured employee, this request for a Titan anterior cruciate ligament brace is not medically necessary.

Physical Therapy twice a week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation; MEDLINE/Pubmed; Anthem Blue Cross Medical Policies and Clinical UM Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98 - 99.

Decision rationale: I respect The UR physician's UR denial document was not available for review. It is not apparent from the attached medical record that the injured employee has previously participated in physical therapy for the knee or was participating in home exercise. The progress note dated January 12, 2015 specifically requests abductor strengthening and VMO strengthening as well as addressing patellar tracking which was likely not previously addressed. There is also a request for patellar taping. Considering the injured employee's knee symptoms in the specific nature of these therapy requests. This request for eight visits of physical therapy twice week for four weeks is medically necessary.