

Case Number:	CM15-0093518		
Date Assigned:	05/19/2015	Date of Injury:	03/20/2013
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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 34-year-old male who sustained an industrial injury on 03/20/2013. Current diagnosis includes complex regional pain syndrome. Previous treatments included medication management, plantar fascia release, walking boot, physical therapy, epidural x3, aqua therapy, and H-wave. Report dated 04/09/2015 noted that the injured worker presented for follow up of his complex regional pain syndrome left foot. Pain level was not included. Physical examination was positive for blue, cold, contracted left foot. The treatment plan included recommendation for aqua therapy and patellar tendon bearing brace. Disputed treatments include patellar tendon bearing brace and aquatic therapy for the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patellar Tendon bearing brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines for knee and leg disorders.

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, Braces.

Decision rationale: Pursuant to the Official Disability Guidelines, patellar tendon bearing brace is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnosis is ongoing complex regional pain syndrome. The injured worker is status post plantar fascia release surgery August 2014. The injured worker states he underwent three epidural steroid injections. The level is not indicated in the record. Each worker had one session of aquatic therapy. The injured worker feels better from the one session. Gabapentin is taken once a bedtime with benefit. On physical examination, the only physical finding is left for blue, cold and contracted. There is no objective evidence in the medical record of the conditions listed in the Official Disability Guidelines meeting criteria for custom brace. Consequently, absent guideline recommendations for a custom brace (patellar tendon tearing brace), patellar tendon bearing brace is not medically necessary.

Aquatic therapy for the left foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy to the left foot is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnosis is ongoing complex regional pain syndrome. The injured worker is status post plantar fascia release surgery August 2014. The injured worker states he underwent three epidural steroid injections. The level is not indicated in the record. Each worker had one session of aquatic therapy. The injured worker feels better from the one session. Gabapentin is taken once a bedtime with benefit. On physical examination, the only physical finding is left for blue, cold and contracted. The injured worker requested more physical therapy. There is no documentation of failed land-based physical therapy. Additionally, there is no documentation that reduced weight bearing or a minimization of the effects of gravity is required for the worker. The documentation does not contain the specified number of physical therapy sessions received by the injured worker to date. Consequently, absent clinical documentation with failed land-based

physical therapy, the total number of physical therapy sessions to date, evidence of objective functional improvement from prior physical therapy, aquatic therapy to the left foot is not medically necessary.