

Case Number:	CM15-0094139		
Date Assigned:	05/20/2015	Date of Injury:	05/13/2013
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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 female, who sustained an industrial injury on 05/13/2013. She reported injuries to her right knee lumbar spine, right ankle, and right lower extremity. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having status post right knee arthroscopy, 2mm L4-L5 disc protrusion and L5-S1 disc protrusion per MRI, and status post bilateral L5-S1 laminectomies and spinal dural graph on 03/20/2015. Treatment and diagnostics to date has included right knee surgery, lumbar spine MRI which showed disc protrusion, lumbar spine surgery, physical therapy, and medications. In a progress note dated 04/21/2015, the injured worker presented with complaints of lumbar spine pain and instability over the right knee when ambulating down a decline. Objective findings include walking with an antalgic gait and mild discomfort at end points in range of motion movements. Progress note states that the injured worker was unable to have a full-fledged therapy session after her right knee surgery in 2013 due to the discomfort was still experiencing over the lumbar spine. The treating physician reported requesting authorization for physiotherapy and hinged knee brace for the right knee and Gastroenterology consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3x4 (12 sessions) to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week for four weeks (12 sessions) 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 status post right knee arthroscopy; L4 - L5 disc protrusion 2 mm and L5 - S1 disc protrusion 4.3 mm; status post bilateral L5 - S1 laminectomies and spinal dural graph on March 20, 2015. The injured worker, according to a March 21, 2015 progress note, has ongoing complaints of low back pain 4-5/10. The injured worker underwent right knee arthroscopy 18 months ago (fall of 2013). The injured worker has bowel complaints with decreased ability to pass gas and decreased bowel urgency. The injured worker received six physical therapy sessions postoperatively plus an additional 12. The treating provider states the injured worker was unable to engage in "full-fledged physical therapy" due to his low back pain. Objectively, there is no knee instability on physical examination. There is no abdominal examination contained in the progress note. The injured worker ambulates with a mild antalgic gait without the use of an assistive device. There are no medications listed in the medical record. There were no compelling clinical facts documented in the medical record indicating additional physical therapy is indicated. There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement prior physical therapy. Consequently, absent clinical documentation with prior physical therapy progress notes, evidence of objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times a week for four weeks (12 sessions) to the right knee is not medically necessary.

Hinged knee brace for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, hinged knee brace right knee 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 diagnoses are status post right knee arthroscopy; L4 - L5 disc protrusion 2 mm and L5 - S1 disc protrusion 4.3 mm; status post bilateral L5 - S1 laminectomies and spinal dural graft on March 20, 2015. The injured worker, according to a March 21, 2015 progress note, has ongoing complaints of low back pain 4-5/10. The injured worker underwent right knee arthroscopy 18 months ago (fall of 2013). The injured worker has bowel complaints with decreased ability to pass gas and decreased bowel urgency. The injured worker received six physical therapy sessions postoperatively plus an additional 12. The treating provider states the injured worker was unable to engage in "full-fledged physical therapy" due to his low back pain. Objectively, there is no knee instability on physical examination. There is no abdominal examination contained in the progress note. The injured worker ambulates with a mild antalgic gait without the use of an assistive device. There are no medications listed in the medical record. 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. Ongoing physical therapy is not medically necessary (supra). As noted above, there is no instability of the knee on physical examination and the injured worker ambulates without an assistive device. Consequently, absent clinical documentation of knee instability, guideline non- recommendations and ongoing physical therapy, hinged knee brace right knee is not medically necessary.

Gastroenterologist consult and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, gastroenterologist consult and treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are status post right knee arthroscopy; L4 - L5 disc protrusion 2 mm and L5 - S1 disc protrusion 4.3 mm; status post bilateral L5 - S1 laminectomies and spinal dural graft on March 20, 2015. The injured worker, according to a March 21, 2015 progress note, has ongoing complaints of low back pain 4-5/10. The injured worker underwent right knee arthroscopy 18 months ago (fall of 2013). The injured worker has bowel complaints with decreased ability to pass gas and decreased bowel urgency.

The injured worker received six physical therapy sessions postoperatively plus an additional 12. The treating provider states the injured worker was unable to engage in "full-fledged physical therapy" due to his low back pain. Objectively, there is no knee instability on physical examination. There is no abdominal examination contained in the progress note. The injured worker ambulates with a mild antalgic gait without the use of an assistive device. There are no medications listed in the medical record. The requesting physician did not provide a list of current medications (as possible offenders of decreased bowel urgency) or a physical examination of the abdomen. Although gastrointestinal (GI) consultation may be appropriate, there is no clinical indication for treatment in the request. Consequently, absent clinical documentation with current medications, physical examination of the abdomen and a request for G.I. consultation and treatment, gastroenterologist consult and treatment is not medically necessary.