

Case Number:	CM15-0096165		
Date Assigned:	05/26/2015	Date of Injury:	11/21/2013
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 64 year old female who sustained an industrial twisting injury to her left knee on 11/21/2013. The injured worker had conservative measures followed by a left partial medial and lateral meniscectomy on April 16, 2014. Treatment to date includes diagnostic testing with left knee magnetic resonance imaging (MRI) in October 2014, surgery followed by physical therapy and medications. The injured worker was diagnosed with left stable patellar tendonitis. According to the primary treating physician's progress report on March 19, 2015, the injured worker continues to experience mild left knee pain when walking up stairs. Current pain level was described as 0/10. Examination demonstrated normal gait, balance, motor, sensory and deep tendon reflexes. Current medications were unrelated to knee and injured worker declined Cymbalta. Treatment plan consists of the current request for left knee brace, physical therapy twice a week for 6 weeks, physical medicine rehabilitation evaluation, sports medicine evaluation and functional restoration program (FRP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Per guidelines, knee braces may be used in treating patients with conditions including Knee instability, ligament insufficiency/deficiency, reconstructed ligament, painful failed total knee arthroplasty and painful unicompartmental osteoarthritis. MTUS goes on to state that braces need to be used in conjunction with a rehabilitation program and that the benefits be more emotional (i.e., increasing the patient's confidence) than medical. The injured worker complains of left knee pain. Physical examination findings do not show severe instability of the knee to warrant the use of a knee brace. The request for a left knee brace is not medically necessary by MTUS.

Physical therapy 2 times a week for 6 weeks for the left knee: Overturned

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

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 Chapter, Physical medicine treatment.

Decision rationale: MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per guidelines, 9 visits over 8 weeks are recommend for the medical treatment of derangement of meniscus and Tibialis tendonitis. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. The injured worker has had left knee surgery (meniscectomy) and complains of mild left knee pain. Given that there has been some improvement in physical function with an initial course of physical therapy, medical necessity for additional physical therapy to maintain improvement levels has been established. Per guidelines, the request for Physical therapy 2 times a week for 6 weeks for the left knee is medically necessary.

Physical medicine rehabilitation evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30 -33, 49.

Decision rationale: Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker is diagnosed with left patellar tendonitis, with mild left knee pain. Documentation fails to show a significant loss of ability to function and there is no evidence to support that all other treatment modalities have been deemed unsuccessful. In the absence of treatment failure and significant loss of function, MTUS guidelines have not been met. The request for Physical medicine rehabilitation evaluation is not medically necessary.

Sports medicine evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to position a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Documentation indicates that the injured worker is diagnosed with left patellar tendonitis, with mild left knee pain. At the time of the requested service under review, physician report failed to demonstrate that symptoms were exacerbated or at a severity level to establish the medical necessity for a consultation with Sports Medicine specialist. The request for Sports medicine evaluation is not medically necessary.

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The goal of such an evaluation is functional recovery and return to work. A program of functional restoration, including aerobic conditioning as well as strength and flexibility assessment may be considered when there is delay in return to

work or a prolonged period of inactivity. Documentation shows that the injured worker complains of mild left knee pain and physician report at the time of the requested service fails to show any objective findings of gait abnormality, motor or sensory deficits. In the absence of treatment failure and significant loss of function, the medical necessity for a Functional restoration program has not been established. The request for Functional restoration program is not medically necessary by MTUS.