

Case Number:	CM14-0143673		
Date Assigned:	09/12/2014	Date of Injury:	10/26/2013
Decision Date:	10/07/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year-old female with a date of injury of 10/26/2013. The patient's industrially related diagnoses include lumbosacral sprain and strain, knee and leg sprain and strain, pain in joint- lower leg. The disputed issues are a double up knee brace and physical therapy x 8 to the right knee. A utilization review determination on 8/11/2014 had noncertified these requests. The stated rationale for the denial of a double up knee brace was "the claimant was diagnosed with knee sprain/strain. There is limited evidence of knee instability to support the request for double up knee brace. The claimant has not met the listed criteria for the use of knee braces." The request for physical therapy x8 to right knee was denied because "the claimant has completed 12 sessions of physical therapy. However, there is limited evidence of objective and functional gains from the prior care."

IMR ISSUES, DECISIONS AND RATIONALES

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

Double up knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Criteria for the use of knee braces

Decision rationale: The ACOEM Guidelines states "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." The injured worker was diagnosed with right knee sprain and strain does not have any of the above diagnoses. On the progress report dated 8/5/2014, the treating physician documents that the injured worker has "a little pain and tenders at the posterior aspect of the knee. She has full range of motion of her knee and her neuromuscular examination is within normal limits." Furthermore, the guidelines states: "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary." The treating physician restricted the injured worker to working 5 days a week with no pushing or pulling, and lifting is limited to no more than 10 pounds. Therefore, the injured worker is restricted from stressing the knee under load. Based on the documentation provided, the injured worker does not meet the criteria for the use of a right knee brace as outlined by the ACOEM guidelines or the Official Disability Guidelines. Therefore, a double up knee brace is not medically necessary.

Physical Therapy x 8 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine

Decision rationale: According to the ACOEM Guidelines regarding physical therapy of the knee, it states "Instruction in proper exercise technique is important and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. The clinician or therapist should teach the patient rehabilitation programs for knee problems." Table 13-3, Methods of Symptom Control for Knee Complaints: Prescribed physical methods recommend initial and follow-up visits with a physical therapist for education, counseling, and evaluation of home exercise. For the diagnosis of knee sprains or strains, the ODG recommends 12 visits over 8 weeks of physical therapy and allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. According to the Utilization Review, the injured worker already completed 12 sessions of physical therapy with the last physical therapy note dated 2/14/2014. At the time of the request on 8/5/2014, there is no clinical evidence of new or worsening symptoms and no documentation of change in physical exam to warrant continuation of physical therapy. Therefore, physical therapy x 8 for the right knee is not medically necessary at this time.

