

Case Number:	CM13-0009493		
Date Assigned:	06/06/2014	Date of Injury:	12/08/2008
Decision Date:	07/11/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 64-year-old male who reported an injury on 12/08/2008 due to unknown mechanism of injury. The injured worker complains of pain in his low back. The injured worker states that his pain was 6/10 and had difficulty with prolong standing, sitting, walking and climbing stairs. The injured worker was seen on 07/15/2013 was evaluated for his right knee and intermittently he has flare-ups which responds to the Synvisc One injections. On the physical examination done on 07/15/2013 states that the range of motion of his right knee is from 0 to 125 degrees and collateral ligaments are intact. Anterior and posterior drawer tests were negative. The injured worker did receive a Synvisc One injection on his right knee. The physical examination done on 07/16/2013 stated that there was significant tenderness to palpation of the lumbar paraspinous muscles. There was also moderate tenderness to palpation of the facet joints with positive pain of the lumbar facets. It was noted that straight leg raising test and Patrick's Sign Test, Hoffman's test are all negative. Medications included Norco 10mg/325mg, Gabapentin 300mg and Opana ER 20mg. The diagnoses were listed as lumbar spondylosis, discogenic syndrome and spondylolisthesis. The treatment plan included a hinged knee brace for the right knee to assist with prolonged weight bearing. The request for authorization was provided on 07/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HINGED KNEE BRACE FOR RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/knee>, Table 2, Summary of Recommendations, Knee Disorders; and Official Disability Guidelines (ODG), Work Loss Data Institute, LLC, online edition, Section: Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Brace.

Decision rationale: The request for a hinged knee brace for the right knee is non-certified. CA MTUS/ACEOM recommend conservative care to include a home exercise program, stretching and aerobic exercises. CA MTUS/ACEOM does not recommend prophylactic braces or prolonged bracing for ACL deficient knee. Per the documentation provided there was no evidence of conservative care has been done by the injured worker on his right knee. Official Disability Guidelines recommend severe instability noted on the physical examination of the knee. In addition, there was no severe instability noted on the physical examination to support the need for a right knee brace. Given the above, the request is not medically necessary and appropriate.