

Case Number:	CM13-0019773		
Date Assigned:	10/11/2013	Date of Injury:	12/01/2012
Decision Date:	11/25/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/03/2013

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 & Rehabilitation, has a subspecialty in Neuro Muscular Medicine and is licensed to practice in New Jersey. 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 55-year-old female who reported an injury on 12/01/2012. The mechanism of injury was not specifically stated. The current diagnoses include bilateral lumbar facet joint pain at L4-S1, lumbar facet joint arthropathy, bilateral L4-S1 facet hypertrophy, lumbar degenerative disc disease, and lumbar sprain/strain. It is also noted that the injured worker is status post left knee meniscal repair in 2009. The injured worker was evaluated on 08/19/2013 with complaints of bilateral lower back pain with radiation into the bilateral buttock region. The current medication regimen includes Norco 10/325 mg and Elavil 25 mg. Physical examination revealed a surgical scar on the left knee, tenderness to palpation of the left paraspinal muscles overlying the bilateral L3-S1 facet joints, restricted lumbar range of motion, restricted left knee range of motion, tenderness to palpation of the prepatellar and medial and lateral joint lines, locking and clicking, normal motor strength in the bilateral lower extremities, and 1+ muscle stretch reflexes bilaterally. Treatment recommendations at that time included an appeal to the denial of the left knee unloading brace. A Request for Authorization form was then submitted on 09/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Left Knee Unloading Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022 (Revision).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. There was no documentation of instability upon physical examination. Additionally, the California MTUS/ACOEM Practice Guidelines state in all cases, braces need to be properly fitted and combined with a rehabilitation program. There is no indication that this injured worker is actively participating in a rehabilitation program for the left knee. Unloader braces are specifically designed to reduce the pain and disability associated with osteoarthritis of the medial compartment. I was not provided any documentation of the specifics of this patient's prior imaging or surgical interventions. It is possible that it would be beneficial for quality of life if there is imaging evidence of such deformity and either a restorative program is being provided concurrently or a home exercise program is actively being performed by the patient. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary and appropriate.