

<b>Case Number:</b>	CM13-0036410		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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:

This is a 48-year-old female who reported an injury on September 19, 2011. The mechanism of injury was a fall. The patient was diagnosed with chronic neck pain; right and left shoulder pain secondary to chronic neck pain, rule out rotator cuff injury; left outer elbow pain, rule out lateral epicondylitis; chronic low back pain; thoracic pain; complaints of intermittent right knee giving out, no current evidence of clinical abnormality; right ankle pain; left knee pain; complaints of headache; complaints of psychological problems and complaints of gastrointestinal problems. The patient has also been diagnosed with major depressive disorder with episodes of psychotic symptomatology and anxiety disorder due to a medical condition with intermittent panic symptoms. The patient complained of ongoing and worsening constant moderate to severe aching pain with stiffness to the cervical spine. The patient also complained of burning pain in the neck with pain radiating to her bilateral shoulders and arms as well as to her upper back. The patient reported ongoing and worsening moderate to severe throbbing, burning, aching and dull pain in the lower back with pain radiating to her bilateral buttocks and her bilateral legs. The patient also complained of bilateral knee pain and right ankle pain. The patient had decreased range of motion with the cervical spine, but did not complain of increasing pain towards terminal range of motion. The patient had decreased range of motion with the bilateral shoulders, and there was diffuse myofascial tenderness to palpation bilaterally of the shoulders. The patient had decreased range of motion with the lumbar spine, but did not complain of increasing pain towards terminal range of motion. The knee exam for the patient revealed no visible erythema or effusion present bilaterally. Physical examination also revealed no decreasing range of motion, no popping or crepitus and no pain during range of motion testing bilaterally. Muscle s

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right knee hinge neoprene brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1022. Decision based on Non-MTUS Citation ODG Knee & Leg, Knee Brace.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**Decision rationale:** The California MTUS does recommend a knee brace for rest and immobilization, short period of immobilization after an acute injury to relieve symptoms, functional bracing as a part of a rehabilitation program or prolonged bracing for an ACL deficient knee. The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of worsening pain and symptoms with frequent recurrent flare ups of pain involving her neck; bilateral upper extremities including her arms, bilateral shoulders, bilateral hands and wrists; mid back and lower back as well as her bilateral knees and right ankle. However, the bilateral knees were reviewed and were documented with normal findings with no pain with range of motion, no tenderness, and no popping/crepitus. Given the lack of documentation to support the guideline criteria, the request for a right knee hinge neoprene brace is not medically necessary and appropriate.