

Case Number:	CM13-0052507		
Date Assigned:	04/25/2014	Date of Injury:	12/31/1997
Decision Date:	06/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a female presenting with chronic pain following a work-related injury on December 31, 1997. The claimant complains of right shoulder, left knee, and low back and left hip pain. On 05/1/2013 the claimant presented with persistent low back pain, left shoulder and left knee pain. At the time the claimant received an unloader brace which she reported as helpful and left knee Synvisc injection. The claimant was also taking Voltaren once a day but reported that it made her sick, drowsy, dizzy and nauseous. The claimant's most recent relevant medication includes Flexeril 10 mg, and glucosamine sulfate 500 mg. The physical exam revealed ongoing crepitus to the left knee with tenderness throughout. MRI of the left shoulder revealed suspicions for superior labral tear with moderate before meals joint arthrosis with narrowing of subacromial outlet. MRI of the left knee on October 24, 2012 revealed extensive tear of medial meniscus large Meniscal cyst which extends from medially and posteriorly, probable chronic strain of posterior cruciate ligament degeneration of lateral meniscus, severe advanced degenerative change in the medial compartment with near complete loss of underlying cartilage with bone nearly abutting the bone with osteophyte formation spurring the lateral compartment as well as small suprapatella effusion. The claimant was diagnosed with chronic left shoulder pain, history of bilateral carpal tunnel release in 2002 with good success, chronic low back pain, chronic left knee pain, status post 2 arthroscopic knee surgeries for meniscectomy and chondroplasty in February 2007, significant degenerative arthritic changes, and right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM FUSION WOMEN OA COLOR SUBLIMATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (<http://braceshop.com/breg-custom-women-s-fusion-knee-brace.htm>), Medical Practice Standards Of Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Complaints Chapter 13.

Decision rationale: The Expert Reviewer's decision rationale: Custom fusion woman OA color sublimation is not medically necessary. This medical device is a brand name type of knee brace. Per ACEOM practice guidelines and knee brace is indicated for patella instability, ACL tear or MCL instability. The guidelines also states that a knee brace may be more beneficial for emotional than medical reasons. The knee brace is more necessary if the patient is going to be stressing the knee under load such as carrying heavy boxes or climbing ladders. The claimant had arthroscopic knee surgery to repair the ACL and MCL in 2007. It appears that the claimant has healed from these injuries. According to medical records the claimant has chronic pain due to significant degenerative arthritic changes; therefore the requested medical device is not medically necessary