

Case Number:	CM13-0065895		
Date Assigned:	01/03/2014	Date of Injury:	03/15/2011
Decision Date:	06/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational 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 patient is a 37 year old male who was injured on 03/15/2011 while he was climbing up an incline to another rooftop, he slipped on a pile of ice and twisted his left knee, foot and ankle. He slid down the two feet wall and landed on his left side on his shoulder and face. He experienced immediate pain to his left shoulder, left knee and ankle and foot. Prior treatment history has included acupuncture treatments, left ankle and knee braces, and medications. On an unknown date the patient underwent arthroscopy of the left knee. PR-2 dated 10/24/2013 documented the patient with complaints of continued back and knee pain. Objective findings on exam reveal the patient ambulates with the use of a cane. He continues to have lumbar spine stiffness and radiculopathy, positive straight leg raise and radiation to the left lower extremity. He also has a lot of weakness of left lower extremity with tenderness over the lateral joint line of the left knee as well as 1+ effusion today. Impression: 1. History of left shoulder rotator cuff repair in 2004. 2. Lumbar spine disc bulge at L5-S1 with annular fissure and moderate left lateral recess narrowing with radiculopathy to the left lower extremity. 3. Left knee arthroscopic surgery, nature of which is unknown, done August 2011 with continued pain, decreased range of motion and weakness. Updated MRI summarized by the QME indicates there may be a small lateral meniscus tear noted. However, I am unable to see that film. 4. Left ankle instability and pain with continued swelling. 5. Compensatory right foot and ankle pain from several months of limping. Discussion: It's been requested the patient receives a lumbar support brace and left knee brace to provide him with some stability and support.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEER TO PEER LUMBAR BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: This is a request for a lumbar back brace for a 37 year old male who was injured on 3/15/11 when he slipped and twisted his left knee. He has chronic low back pain with radicular symptoms. According to ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. They are not generally recommended for chronic low back pain. Further, there is no documentation or suggestion of lumbar instability in the provided medical records that would perhaps qualify as an exception to this guideline. Therefore, the request for Lumbar Brace is not medically necessary and appropriate.

PEER TO PEER HINGED KNEE BRACE L0627 L1820: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Knee Complaints, pages 1021-1022 and Official Disability Guidelines (ODG), Knee Brace.

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

Decision rationale: CA MTUS/ACOEM guidelines do not specifically address the hinged knee brace and hence ODG have been consulted. This is a request for a hinged knee brace for a 37 year old male who was injured on 3/15/11 when he slipped and twisted his left knee. He underwent left knee arthroscopy in August 2011 apparently with menisectomy and is noted to have chondromalacia. He was noted to have a 1+ left knee effusion at clinic visit on 10/24/13. Medical records do not document significant osteoarthritis or instability or other condition that may warrant rigid bracing, such as with a valgus knee brace to unload the medial compartment. The request for hinged knee brace is not medically necessary.