

Case Number:	CM13-0069330		
Date Assigned:	01/03/2014	Date of Injury:	01/23/2013
Decision Date:	08/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 patient is a 53 year old with an injury date on 1/23/13. Patient complains of increased pain in the L-spine, and ongoing left knee pain per 11/19/13 report. Patient is improving and able to ambulate without crutches per 11/19/13 report. Based on the 11/19/13 progress report provided by [REDACTED] the diagnoses are: cervical pain, thoracic pain, shoulder pain, back pain. Exam on 11/19/13 showed limited range of motion in the left knee. Patient is better. The 10/8/13 physical exam added continued pain and tenderness to palpation in left knee. [REDACTED] is requesting iron knee brace provided on 10/16/13, and crutches purchased on 10/16/13. The utilization review determination being challenged is dated 11/20/13. [REDACTED] is the requesting provider, and he provided treatment reports from 5/7/13 to 11/19/13. 1. right 1st CMC arthritis 2. right thumb MP fusion. Exam on 12/3/13 showed patient ambulates with walker. Positive seated straight leg raise test. Wrist tenderness. No edema or erythema. Positive tinel's and Phalen's tests. Wrist brace on. Positive for L-spine tenderness with paraspinal muscle spasms and bilateral facet loading signs. L-spine with decreased range of motion. Lumbar brace is on. Positive for right hip tenderness, positive Patrick's test, and positive internal rotation of the right hip. [REDACTED] is requesting chiropractic 3x week x6 weeks lumbar spine, bilateral shoulders, and bilateral knees. The utilization review determination being challenged is dated 2/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/23/13 to 3/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

IRON KNEE BRACE PROVIDED ON OCTOBER 16, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: This patient presents with lumbar pain and left knee pain and is s/p arthroscopic excision of thickened plica, trimming of edge/tear of medial meniscus and ablation chondroplasty of medial femoral condyle from 10/16/13. The treater has asked for iron knee brace (provided on 10/16/13) but the date of the request is not known. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. In this case, the treater has asked for an iron knee brace which does not appear necessary for patient, as physical exam does not show evidence of knee instability. The request is not medically necessary.

CRUTCHES, PURCHASED ON OCTOBER 16, 2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: This patient presents with lumbar pain and left knee pain and is s/p arthroscopic excision of thickened plica, trimming of edge/tear of medial meniscus and ablation chondroplasty of medial femoral condyle from 10/16/13. The treater has asked for crutches (purchased on 10/16/13). Regarding crutches, ACOEM recommends for Collateral ligament strain: Partial weight bearing (Crutches) for 1 week, Collateral ligament tear: Partial weight bearing (Crutches) for 2 weeks. And for Cruciate ligament tear: Partial weight bearing (Crutches) for 2 weeks. In this case, the patient is s/p knee surgery and use of crutches were reasonable. The request is not medically necessary.