

Case Number:	CM13-0069537		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2007
Decision Date:	06/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 32-year-old with a reported date of injury on March 6, 2007. The injury reportedly occurred while driving a tow truck. On April 28, 2007 an MRI of the left knee was performed revealed an "unremarkable" study, the Hoffa pad and patellar tendon were normal. The MRI of the cervical spine performed on November 11, 2007, visualized a 1mm protrusion at C6-C7. On October 23, 2007 the MRI of the lumbosacral spine visualized a 3mm bulge at L4-L5 and 3 mm bulge at L5-S1. According to the clinical document dated February 4, 2013 the injured worker complained of moderate, radiating pain in the neck, mid/upper back, lower back, bilateral knees and bilateral ankles. The diagnoses for the injured worker included Cervical spine strain/sprain with radiculitis, thoracic spine strain, lumbar spine disc disease with radiculopathy, bilateral knee strain/sprain, bilateral ankle strain/sprain, depression, PTSD (post-traumatic stress disorder), Sexual dysfunction, high blood pressure, and obesity. According to the clinical note dated March 11, 2013 the injured worker utilized a back brace; he stated it offered "minimal help". The physician also noted that the injured worker complained of wrist pain, numbness and tingling, and wore wrist braces at night occasionally. The injured worker reported pain rated 5/10. The injured worker's medication regimen included Darvocet, ranitidine, nabumetone, Vicodin, tramadol, lidocaine gel, temazepam, clonazepam, omeprazole, flagyl, tetracycline, gemfibrozil and lorazepam. The request for authorization for 1 bilateral wrist brace, 1 lumbosacral brace, 1 bilateral knee brace, and 1 cane was submitted on December 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL WRIST BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines recommends the use of wrist braces for injured workers with carpal tunnel syndrome. The clinical documentation provided noted that the injured worker had been using braces "occasionally" at night since March of 2013. There is a lack of documentation provided regarding relief or increase in functional abilities related to the use of the wrist braces. It was unclear why the injured worker requires additional wrist braces as it was noted the injured worker was utilizing wrist braces. The request for one bilateral wrist brace is not medically necessary or appropriate.

1 LUMBOSACRAL BRACE: Upheld

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

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states there is no evidence to support the effectiveness of lumbar supports in the prevention of back pain, and there is no support to show any lasting benefit beyond the acute phase. According to the clinical documents provided the injured worker has utilized a back brace since 03/2013 and stated that it offered only "minimal help". It was unclear why the injured worker requires an additional lumbar brace as it was noted the injured worker was utilizing a lumbar brace which provided only minimal relief. The request for one lumbosacral brace is not medically necessary or appropriate.

1 BILATERAL KNEE BRACE: Upheld

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

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

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines states knee braces can be used for patellar instability. According to the evidence based guideline knees braces are unnecessary unless the injured worker will be stressing the knee under load, such as

climbing ladders or carrying boxes. Furthermore the guidelines indicate that all braces need to be properly fitted and combined with a rehabilitation program. According to the clinical documents provided for review the imaging studies did not show patellar instability. The injured worker has utilized knee braces in the past, there is a lack of documentation that the previous knee braces have provided any improvements in pain relief or functional ability. It was unclear why the injured worker requires additional knee braces as it was noted the injured worker was utilizing knee braces. The request for one bilateral knee brace is not medically necessary or appropriate.

1 CANE: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, walking aids are recommended for patients with knee pain. In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Injured workers must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. According to the clinical documentation the patient has been utilizing a cane since approximately May of 2012. In addition the injured worker is also requesting bilateral knee braces it would be impossible for the injured worker to use the cane on the side of the unaffected knee. Furthermore there is a lack of documentation that the cane has provided an increase in functional ability. It was unclear why the injured worker requires an additional cane as it was noted the injured worker was utilizing a cane. The request for one cane is not medically necessary or appropriate.