

<b>Case Number:</b>	CM14-0002638		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/16/2004
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopedic Surgery, 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 records reviewed indicate the injured worker sustained an injury on October 16, 2004. The current diagnosis is a tear of the medial meniscus. The reviewed data indicates the diagnosis was a medial meniscus tear, a chronic pain syndrome, a lesion of the ulnar nerve. The progress note dated January 6, 2014 reports ongoing complaints of medial elbow pain into the finger of the right hand. There are complaints of back pain, thoracic pain, right shoulder pain and residual right knee pain. The vital signs note this 5'5", 329 pound individual to have normal motor function relative to both knees. Left the flexion is noted to be 105°, right knee flexion 90°. An antalgic gait pattern is noted. A previous progress note indicates the injured employee continued taking oxycodone, Norco, Lyrica and Flexeril. A single point cane is being used. The chronic pain syndrome has been addressed with a number of sessions of cognitive behavioral therapy. Previous progress notes indicate functional improvement with some physical therapy. A DJD (degenerative joint disease) of the knee is diagnosed. Single point cane, knee neoprene braces, right foot neoprene brace has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: SINGLE POINT CANE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg 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.

**Decision rationale:** This is a morbidly obese individual with a history of a knee injury, chronic pain syndrome, and other comorbidities. When noting the date of injury, the injury sustained, the treatment rendered, the ongoing complaints of pain and the literature cited above, there is a clinical indication for a single point cane is that it in ambulation. When noting the success with the trial, there is a clinical indication for such an intervention. The request for a single point cane is medically necessary or appropriate.

**BILATERAL KNEE NEOPRENE BRACES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg 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.

**Decision rationale:** The criterion for a neoprene sleeve for knee brace as listed in the ODG are not met. There is no noted instability, insufficiency, reconstruction or avascular necrosis. Furthermore, functional improvement had been noted with home exercise in this morbidly obese individual. The request for bilateral knee neoprene braces is not medically necessary or appropriate.

**RIGHT FOOT NEOPRENE BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg 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.

**Decision rationale:** The progress notes presented for review indicate there is chronic knee pain, the date of osteoarthritis, a history of surgical intervention of any and there is no mention of any issue relative to the foot. The request for a right foot neoprene brace is not medically necessary or appropriate.