

Case Number:	CM14-0002746		
Date Assigned:	01/29/2014	Date of Injury:	08/18/2005
Decision Date:	06/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 50-year-old female who has submitted a claim for pseudoarthrosis of the cervical spine, cervical radiculopathy, facet arthropathy of the lumbar spine, and chronic low back pain; associated from an industrial injury date of 08/18/2005. Medical records from 07/05/2012 to 01/08/2014 were reviewed and showed that patient complained of neck and back pain, graded 7/10, with radiation down into both legs and feet. Physical examination showed tenderness over the mid and lower lumbar facet regions bilaterally. Range of motion was limited by pain. Upper and lower extremity motor testing was limited by pain. Treatment to date has included Medrox patch, Percocet, Ambien, Prilosec, Soma, Oxycodone, Trazodone, Ranitidine, Rhizotomy, and Intraarticular steroid injection. Utilization review, dated 12/19/2013, denied the request for left knee wrap around hinged knee brace because the questionable laxity of the anterior drawer does not support the use of a hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE WRAP AROUND HINGED KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Knee Chapter

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that severe knee instability, as well as abnormal limb contour, skin changes, severe osteoarthritis, and maximal off-loading of painful or repaired knee compartment, may preclude the use of a prefabricated model such as a wrap around hinged knee brace. In this case, a progress report, dated 11/26/2013, states that there was questionable laxity of the anterior drawer maneuver. Guideline criteria were not met. Therefore, the request for Left Knee Wrap around Hinged Knee Brace is not medically necessary.