

Case Number:	CM14-0007732		
Date Assigned:	02/10/2014	Date of Injury:	10/13/2008
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Internal 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:

Patient is an injured worker with lumbosacral and knee conditions with a date of injury of October 13, 2008. Operation report September 25, 2012 documented the performance of decompression laminectomy and discectomy at L3-L4, L4-L5, and L5-S1 with posterolateral fusion, total facetectomy, pedicle screw fixation, posterolateral bone fusion bone graft, and posterior interbody fusion with implants of L3-L4, L4-L5, and L5-S1. X-ray of lumbar spine September 25, 2012 documented status post laminectomy and fusion L3, L4, L5, and S1. Consultation note August 12, 2013 by [REDACTED] reported an interim history: The patient presents today for her third Synvisc injections to her right knee. Her first injection was on June 17, 2013 followed by the second injection on July 22, 2013 and the patient has already noted a significant decrease in the pain and swelling in the right knee. Orthopedic Panel QME authored on December 3, 2011 by [REDACTED] diagnoses the patient with lumbar radiculitis and right knee internal derangement. Objective findings: Examination of bilateral knees reveals tenderness to palpation bilaterally along the medial lateral joint line with mild soft tissue swelling and crepitus noted with general range of motion right greater than left. Assessment: Lumbar myofasciitis injury with associated facet arthropathy. Lumbar facet syndrome. Bilateral lower extremity radiculopathy. Bilateral knee internal derangement. Status post arthroscopic surgery right knee March 8, 2012. PR-2 progress report August 19, 2013 by [REDACTED] documented physical examination of both knees reveals positive McMurray test bilaterally. Range of motion demonstrates flexion of 80 degrees on the right and 130 degrees on the left and extension of -5 degrees on the right and -0 degrees on the left. Diagnoses included: Right knee arthroscopic partial medial and lateral meniscectomy, chondroplasty of the medial femoral condyle and patellofemoral joint, microfracture of the medial femoral condyle March 8, 2012; Status post right knee arthroscopic surgery on November 14, 2003 with residual meniscal tear. Utilization

review dated December 23, 2013 recommended non-certification of the requests for custom right knee brace for purchase and LSO lumbar brace back support for purchase. Progress Note dated December 13, 2013 did not document physical examination. Pain management report dated November 14, 2013 reported physical examination: bilateral knees were tender to palpation along the medial lateral joint line with mild soft tissue swelling and crepitus noted with general range of motion, right greater than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM RIGHT KNEE BRACE FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, KNEE COMPLAINTS, 1021-1022

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic)

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints Table 13-6 presents a Summary of Recommendations for Evaluating and Managing Knee Complaints, which does not recommend knee braces. PR-2 progress report August 19, 2013 by [REDACTED] documented physical examination of both knees reveals positive McMurray test bilaterally. Range of motion demonstrates flexion of 80 degrees on the right and 130 degrees on the left and extension of -5 degrees on the right and -0 degrees on the left. Diagnoses included: Right knee arthroscopic partial medial and lateral meniscectomy, chondroplasty of the medial femoral condyle and patellofemoral joint, microfracture of the medial femoral condyle 3/8/12; Status post right knee arthroscopic surgery on November 14, 2003 with residual meniscal tear. Utilization review dated December 23, 2013 noted that the progress note dated December 13, 2013 did not document physical examination. Pain management report dated November 14, 2013 reported physical examination: bilateral knees were tender to palpation along the medial lateral joint line with mild soft tissue swelling and crepitus noted with general range of motion, right greater than left. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) presents criteria for the use of knee braces: Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb b. Varus [bow-legged] limb c. Tibial varum d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee. Medical records do not document any of the above conditions that would justify a custom-fabricated knee brace. The MTUS, ACOEM, and ODG guidelines and medical records do not support the

medical necessity of custom-fabricated knee brace. The request for a custom right knee brace for purchase is not medically necessary or appropriate.

LSO LUMBAR BRACE BACK SUPPORT FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, LOW BACK COMPLAINTS, 298-301

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Patient's date of injury was October 13, 2008. Operation report September 25, 2012 documented the performance of decompression laminectomy and discectomy at L3-L4, L4-L5, and L5-S1 with posterolateral fusion, total facetectomy, pedicle screw fixation, posterolateral bone fusion bone graft, and posterior interbody fusion with implants of L3-L4, L4-L5, and L5-S1. Patient's back condition is beyond the acute phase. MTUS and ACOEM guidelines do not support the medical necessity of Lumbar supports. The request for an LSO lumbar brace back support for purchase is not medically necessary or appropriate.