MAXIMUS Federal Services

Case Number:	CM14-0119317		
Date Assigned:	08/06/2014	Date of Injury:	03/10/2007
Decision Date:	11/18/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/10/07. A utilization review determination dated 7/3/14 recommends non-certification of lumbar brace, Ace wrap, and hinged knee brace. 6/2/14 medical report identifies bilateral knee pain and low back pain. He is limping bilaterally and reports weakness of the legs. He refuses to undergo total knee replacement, but may in the future. He will be discharged from care. On exam, there is limited ROM, tenderness over the paralumbar and gluteus muscles as well as the prepatellar area, positive patella ballottement, patellar tracking, and retropatellar crepitus. There is positive McMurray's test and Apley's test bilaterally and valgus/varus stress test on the right. Recommendations include refill medications, 2 hinged knee braces, Ace wrap, and a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace # 1 for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back lumbar support updated 6/10/14

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

Decision rationale: Regarding the request for lumbar brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is noted to be well beyond the acute stage of injury and there is no clear indication for a brace such as spinal instability or a compression fracture. In light of the above issues, the currently requested lumbar brace is not medically necessary.

Ace Wrap x 2 #1 for purchase: Overturned

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

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, Compression garments

Decision rationale: Regarding the request for Ace wrap, CA MTUS does not address the issue. ODG supports the use of compression garments, stockings, etc., for the prevention and management of conditions such as edema. Within the documentation available for review, the patient has painful knees with the presence of edema on examination. The use of elastic bandages is reasonable to control the edema as well as provide some comfort and pain relief. In light of the above, the currently requested Ace wrap is medically necessary.

Hinged Knee Brace #2 for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg updated 6/5/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace

Decision rationale: Regarding the request for hinged knee braces, CA MTUS and ACOEM state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, the patient has longstanding knee pain apparently due to osteoarthritis and he does not wish to undergo total knee arthroplasty at this time, although he is willing to consider it in the future. There are exam findings consistent with this diagnosis and the use of knee braces appears appropriate in an attempt to delay or forego the need for surgical

intervention at some point in the future. In light of the above, the currently requested hinged knee braces are medically necessary.