

Case Number:	CM14-0036084		
Date Assigned:	09/03/2014	Date of Injury:	06/25/2013
Decision Date:	11/13/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation 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 injured worker is a 30-year-old female who reported a date of injury on 06/25/2013. The mechanism of injury was reported as a fall. The injured worker had diagnoses of right ankle strain/sprain, bilateral knee patellofemoral syndrome, lumbar spine sprain/strain, and stress and anxiety. Prior treatments included physical therapy. The injured worker had an x-ray of the lumbar spine on 08/29/2013 with an unofficial report that indicated no radiographic evidence of acute fracture or vertebral instability; x-ray of the right knee on 08/29/2013 with an unofficial report indicated no evidence of acute fracture, dislocation, or osseous destruction and no evidence of a suprapatellar joint effusion or soft tissue calcification; x-ray of the left knee on 08/29/2013 with an unofficial report indicated no radiographic evidence of acute fracture or osseous abnormality and benign bone island within the proximal tibial metaphysis of little clinical significance; x-ray of the right ankle on 08/29/2013 with an unofficial report indicated no evidence of acute fracture, dislocation, or osseous destruction and visualized joint spaces were within normal range. Surgeries were not indicated within the medical records provided. The injured worker had complaints of pain in the right ankle, knees bilaterally, and low back. The injured worker indicated her left ankle and right hand pain and symptoms had resolved. The clinical note dated 08/28/2013 noted the injured worker had tenderness to palpation of the lumbar paravertebral muscles without muscle spasms; range of motion in the lumbar spine was 52 degrees of flexion, 26 degrees of extension, and 25 degrees of lateral bending bilaterally. The injured worker had patellofemoral pain and mild crepitation on range of motion bilaterally, a positive patellar grinding bilaterally, and the range of motion in the knees were 118 degrees of flexion on the right and 128 degrees of flexion on the left. The range of motion in the injured worker's ankles were 29 degrees of plantarflexion bilaterally, 12 degrees of dorsiflexion on the right, 23 degrees of dorsiflexion on the left, 29 degrees of inversion on the right, 28 degrees of

inversion on the left, 44 degrees of eversion on the right, and 38 degrees of eversion on the left. There was tenderness to palpation of the anterior at the talofibular ligaments and increased pain with inversion. Medications included naproxen and Medrox. The treatment plan included naproxen, Medrox, an interferential unit, and the physician's recommendation for chiropractic treatment, a psychologist assessment of her stress and anxiety, and for the injured worker to followup in 4 weeks. Rationale and the Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee braces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Back Complaints, pages 1021/1022, Summary of Recommendations for Evaluating and Managing Knee Complaints

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS/ACOEM Guidelines indicate weight bearing exercises, as tolerated, can begin as soon as possible provided no exacerbation of structural damage will occur. Weight bearing helps avoid the adverse effects of non-weightbearing, such as loss of muscle mass, loss of strength, and diffuse osteopenia. The knee disorders under discussion almost always can bear weight, as tolerated. Using loadbearing exercises and movement is far more beneficial to the muscle, tendon, skeleton, and cartilage than is total rest, but it also is crucial to avoid overloading the knee. A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits are 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There is a lack of documentation indicating the injured worker has patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Furthermore, there is a lack of documentation indicating the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes, for which the guidelines recommend use of a knee brace. As such, the bilateral knee braces are not medically necessary and appropriate.

Lumbar sacral orthosis back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports

Decision rationale: California MTUS/ACOEM Guidelines state back braces are only recommended in the acute phase. The Official Disability Guidelines indicate back braces are not recommended for prevention. There is strong inconsistent evidence that lumbar supports are not effective in preventing neck and back pain. Lumbar supports do not prevent low back pain. A systemic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. As such, the request of Lumbar sacral orthosis back brace is not medically necessary and appropriate.