

<b>Case Number:</b>	CM14-0038710		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 injured worker is a 32 year old female with a date of injury as 04/20/2013. The worker was injured when she stepped on a water bottle and rolled her left ankle, falling on her right knee and twisting her lower back. The current diagnoses are left lateral collateral ligament sprain and partial tear, right knee medial collateral ligament sprain, right knee medial meniscus tear and internal derangement, lumbago and probable occult spondylolisthesis. Previous treatments include oral pain management, gel analgesic, physical therapy, injection in the right knee, Magnetic Resonance Imaging (MRI), and a hinged knee brace. Physician reports dated 10/16/2013 through 02/11/2014 were included in the documentation submitted. Report dated 02/11/2014 notes that the injured worker presents with complaints of constant pain in her lumbar spine, right knee, and left ankle, with most of the pain in her lumbar spine and right knee. The injured worker further states that twisting and rotating her back causes pain that shoots into her buttocks and twisting and pivoting the right knee causes pain that shoots down the medial aspect of her knee. It was noted that ice and elevation makes it better. Physical examination revealed mild tenderness in the left and right paraspinal region with palpation, decreased lumbar Range of Motion (ROM), mild pain with extension, positive straight leg raise bilaterally, right knee has a mild effusion, tenderness over the medial collateral ligament and medial joint line. A doppler was performed on the right lower extremity and showed synovitis in the area of the medial compartment. Also an ultrasound was performed on the right knee during this time. Recommendation was for an ultrasound guided cortisone injection, but the injured worker declined stating that they have not helped in the past. She was fitted for a right knee hinged brace and thoracolumbar back brace. It was noted that the injured worker noted improvement after the provision of the lower back brace. The injured worker is currently temporarily partially disabled. The utilization review performed on 02/27/2014 non-certified a prescription for doppler of the

right calf and thoracolumbar back brace based on medical necessity, the ACOEM Guidelines and the Official Disability Guidelines were utilized.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Doppler of right calf:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous Thrombosis

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and recommend ultrasound testing only if there is a medical reason to suspect a deep vein thrombosis. There are no documented physical exam findings or a subjective complaint that supports a reasonable suspicion for the development of a deep vein thrombosis. The Doppler right calf is not medically necessary.

**Thoracolumbar back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines do not support the use of lumbar braces for chronic low back pain. There are no unusual circumstances such as a fracture or significant instability that might justify an exception to the Guidelines. The Thoracolumbar brace is not medically necessary.