

Case Number:	CM14-0046065		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2008
Decision Date:	09/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 and is licensed to practice in Illinois. 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 40-year-old female with a reported date of injury on 09/17/2008. The injury reportedly occurred while the injured worker stepped off of a stool. Her diagnoses were noted to include left knee injury with medial meniscus tear and anterior cruciate ligament injuries, status post left knee surgery, medial meniscus tear to the right knee, and mild low back strain. Her previous treatments were noted to include surgery, medications, acupuncture, physical therapy, and a synthetic injection. The progress note dated 03/12/2014 revealed frequent left knee pain with motion loss and stiffness as well as swelling and buckling. The injured worker denied limping or locking, but has fallen. The injured worker is able to pivot and twist to a certain extent, but could not squat on her knee or jump or hop. The injured worker indicated she had access to a knee brace, TENS unit, as well as hot and cold wrap. The injured worker described intermittent pain and spasms that do not improve to the low back. The injured worker revealed the shooting pain in the leg was gone and the pain has woken her up from a sound sleep, like it does for her knees. The injured worker complained of motion loss and stiffness. The physical examination of the back and lower extremities revealed the injured worker was able to ambulate without any major limp and was able to perform heels and toes walking. The provider indicated the injured worker could squat halfway and could hop on the right leg but not the left. The range of motion was noted to be diminished, and there was tenderness along the lumbosacral area. The deep tendon reflexes in the knees and ankles were noted to be 2+, and the straight leg raises were negative. The sensory examination was noted to be within normal limits. There was weakness noted to the quadriceps and hamstrings function on the left lower extremity. The injured worker was noted to have low back pain with the Milgram test. The examination of the right knee noted no laxity on varus and valgus testing. The orthopedic tests were noted to be negative, and there was tenderness along the patella and

joint line, which was mild. There was no effusion noted. The left knee noted a 1+ Lachman and a 2+ anterior drawer test as well as a positive McMurray medially. There was tenderness along the inner and outer patella and tenderness along the inner joint line with negative compression inhibition test. The provider indicated a regular hinged knee brace was reasonable and a weight unloading brace was needed for the left knee. The Request for Authorization form, dated 04/11/2014, was for an unloading brace on the left and a hinged knee brace on the right, and the provider's rationale was not submitted within the medical records. The Request for Authorization form was not submitted for the back brace, and the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The request for a right knee brace is not medically necessary. The documentation provided indicated the injured worker had access to a knee brace. The CA MTUS/ACOEM Guidelines state a brace can be used for patellar instability, anterior cruciate ligament tear, or a 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. In all cases, braces need to be properly fitted and combined with rehabilitation program. The documentation provided indicated the injured worker had access to a left knee brace, but not the right knee. The documentation provided indicated the injured worker had no swelling, buckling, limping, locking, or falling due to the right knee. Additionally, the guidelines recommend a brace if the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and there is a lack of documentation regarding the injured worker performing these tasks. Therefore, due to the lack of documentation regarding the worker to be stressing the knee under load and the progress notes showing no swelling, buckling, limping, locking, or falling to the right knee, a knee brace is not appropriate at this time. Therefore, the request is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for a back brace is not medically necessary. The injured worker complained of intermittent pain and spasms to the low back with motion loss and stiffness. The CA MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief. There is a lack of documentation regarding conservative treatments attempted to the low back, and the guidelines do not recommend lumbar support for any benefit beyond the acute phase of symptom relief. Therefore, the request is not medically necessary.

DonJoy with unloading brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Unloader braces for the knee.

Decision rationale: The request for a DonJoy with unloading brace is not medically necessary. The injured worker reported motion loss and stiffness with swelling and buckling to the left knee. The Official Disability Guidelines recommend unloader brace for the knee to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. Several case studies suggest that unloader knee braces appear to be associated with reduction of pain in patients with painful osteoarthritis at the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. When an unloader brace is used with BionCare stimulator compared to a BionCare only treatment, more patients achieve significant clinical improvement, at least 20%, with the unloader plus stimulator treatment than with the stimulator only treatment. The documentation provided indicated the injured worker had access to a knee brace for the left knee, and the guidelines recommend an unloader brace for osteoarthritis at the medial compartment of the knee to which the injured worker has not been diagnosed. Therefore, the request is not medically necessary.