

Case Number:	CM14-0011530		
Date Assigned:	02/21/2014	Date of Injury:	11/30/2004
Decision Date:	05/05/2015	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on November 30, 2004. The injured worker was diagnosed as having status post L4-L5 and L5-S1 interbody fusion 1995, eight lower extremity radiculopathy, status post interbody fusion on L1-L2, L2-L3, and L3-L4 October 2006, reactionary depression/anxiety, medication-induced gastritis, spinal cord stimulator placement in the lower extremities July 17, 2008, removal of percutaneous placement of spinal cord stimulator February 8, 2010, erectile dysfunction-industrially related, and right knee sprain/strain secondary to fall. Treatment to date has included a diagnostic right knee intra-corticosteroid injection, lumbar epidural steroid injection (ESI), lumbar fusion, spinal cord stimulator, and medication. Currently, the injured worker complains of right knee pain and swelling following a slip and fall two months previously after experiencing excruciating lower back pain the radiated down his right leg. The Primary Treating Physician's report dated November 26, 2013, noted the injured worker received a diagnostic right knee intra-corticosteroid injection on October 29, 2013, with reported significant relief lasting a good two weeks. A MRI of the right knee dated November 22, 2013, was noted to show medial meniscal degeneration with an underlying tear, with no cruciate tear present. The injured worker was noted to still be feeling the effects of a lumbar epidural steroid injection (ESI) on September 19, 2013. Examination of the right knee was noted to show tenderness to palpation along the medial lateral joint line with soft tissue swelling, crepitus with general range of motion (ROM), and a positive McMurry's sign on the right in comparison to the left. The current medications were listed as MS Contin, Norco, Valium, Protonix, Wellbutrin, Zofran, Cialis, and Fexmid. The

Physician administered four trigger point injections. The Physician note dated December 23, 2013, noted the injured worker continuing to complain of severe right knee pain, with request for authorization for a right knee non-neoprene off the shelf (OTS) trainer CTI brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Or Rental Of Non-Neoprene OTS Trainer CTI Brace (Non-Dispensed) For Use On The Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment In Workers' Compensation Knee & Leg.

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

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. Non-neoprene OTS trainer CTI brace (non-dispensed) for use on the right knee is not medically necessary.