

Case Number:	CM14-0196054		
Date Assigned:	12/04/2014	Date of Injury:	04/10/2013
Decision Date:	01/20/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 10, 2013. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a knee brace. The claims administrator stated that its decision was based on a request received on October 15, 2014. The applicant had a lengthy history of treatment over the course of time, which included acupuncture, epidural steroid injection therapy, physical therapy, and shoulder injection therapy, the claims administrator posited. In an October 27, 2014 progress note, the applicant reported ongoing complaints of low back and neck pain, 4 to 8/10. The applicant also reported ancillary complaints of hip, shoulder, and arm pain complaints. The applicant had received an epidural steroid injection in April 2014. The applicant completed 20 sessions of acupuncture and 20 sessions of manipulative therapy, it was stated. The applicant received both cervical and epidural steroid injection therapy at various points over the course of the claim. Neurontin, Ultracet and Flexeril were endorsed. Lower extremity range from 4+ to 5-/5 was reported. It was stated that the applicant was returned to her usual and customary occupation. It was stated that the applicant was working full duty and performing home exercises. There was no mention of issues with knee pain. The applicant's primary pain generators were the cervical spine, thoracic spine, lumbar spine, and bilateral shoulders, the attending provider posited. In a questionnaire dated October 27, 2014, the applicant stated that she was working. The applicant had complaints of back, leg, neck, and arm pain; it was stated, highly variable, 5 to 8/10. The applicant stated that she could walk for up to half a mile continuously and/or sit or stand for up to half an hour continuously. The applicant stated that she was using tramadol for pain relief. In an October 1, 2014 progress note, the applicant presented with bilateral hip, bilateral elbow, bilateral shoulder, and bilateral wrist pain. The applicant stated that she had fallen on September

17, 2014, resulting in her knee giving way. It was suggested that the applicant was given a knee brace for the knee issues. It was suggested that the applicant was negotiating stairs at times. The applicant's medications included tramadol, Neurontin, Flexeril and Lidopro. The applicant was given a shoulder corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: wraparound hinged knee brace, left: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 346, a short period of immobilization via articles such as the knee brace at issue are "recommended" after an acute injury to relieve symptoms. In this case, the requesting provider seemingly stated that the applicant had sustained an acute slip-and-fall injury involving the left knee on September 17, 2014, resulting in the temporary need for a knee brace. The applicant had stated that her knee had given out on that occasion, resulting in her falling to the ground and striking the floor. Provision of a knee brace was indicated on or around the date in question. The attending provider's commentary, furthermore, suggested that some elements of the applicant's job involved negotiating stairs. Provision of a knee brace would, thus, have been indicated following the applicant's acute contusion injury, particularly in light of the fact that the applicant's job demands did involve negotiating stairs. Therefore, the request was medically necessary.