

<b>Case Number:</b>	CM14-0197882		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/22/2000
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with an injury date of 12/22/00. Based on the 10/03/14 progress report, the patient complains of pain in the cervical spine, left shoulder, bilateral wrists, lumbar spine, bilateral knees and headache which rated at 9-10/10. The patient has bilateral knee swelling with tenderness and spasm in the inner thighs, left is greater than right. The patient also complains of stabbing feeling in the thoracic spine that radiates down the lumbar spine and into the buttocks. Lumbar spine examination shows diffuse tenderness over the lumbar paraspinal muscles and moderate to severe facet tenderness at L4 -S1 levels. Sacroiliac tests, Kemp's test, and Farfan test are positive. There was moderate patellofemoral grinding in the bilateral knees, left is greater than right. The bilateral big toe extensors were 4/5, left knee extensor was 4/5, and the hip flexor was 4/5. The lower extremity reflexes were all 1+ bilaterally. The diagnoses includes following: 1. Cervical sprain/strain 2. Left shoulder internal derangement 3. Right wrist sprain/strain 4. Bilateral wrist carpal tunnel syndrome 5. Lumbar disc disease 6. Lumbar radiculopathy 7. Lumbar musculoligamentous strain 8. Status post left knee arthrogram with residual 9. Right knee internal derangement 10. Psych problem The current medications are Motrin, Protonix, Flexeril, Hydrocodone, and Tramadol ER. The patient is status post left knee arthroscopic surgery (date is not given). The treating physician is requesting purchase of left knee brace per 10/03/14 report. The utilization review determination being challenged is dated 10/28/14. The requesting physician provided treatment reports from 04/16/14-10/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Purchase of Left Knee Brace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg: Durable Medical Equipment (DME)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, Knee brace.

**Decision rationale:** This patient presents with pain in the cervical spine, left shoulder, bilateral wrists, lumbar spine, bilateral knees and headache which rated at 9-10/10. The request is for left knee brace. ODG guidelines Knee Chapter state that "Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load."The reports provided do not specifically address the type of knee brace the treater is requesting or for how long. According to 10/03/14, the patient is status post left knee arthroscopic surgery and the treater noted that the request of left knee brace is to "avoid re-injury." In this case, the reports indicate that the patient is s/p knee surgery but the type of surgery is not described anywhere to determine whether or not a knee bracing would be indicated. There is no indication that the patient will be stressing the knee under load either, such as return to work. The request is not medically necessary.