

Case Number:	CM14-0199269		
Date Assigned:	12/09/2014	Date of Injury:	08/27/2011
Decision Date:	01/26/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, 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:

This is a 58 years old male patient who sustained an injury on 8/27/2011. He sustained the injury while attempting to lift a heavy desk with another coworker. The current diagnoses include backache, knee pain and lumbar radiculopathy. Per the doctor's note dated 12/12/2014, he had complaints of pain at 7/10 with medications and at 9/10 without medications; poor quality of sleep and decreased activity level. The physical examination revealed mild depressed and frustrated, antalgic gait, lumbar spine- limited range of motion, tenderness, spasm, trigger point and tight muscle band, positive lumbar facet on the left side, positive straight leg raising at 65 degrees on the left in sitting position; left knee- tenderness over the lateral and medial joint line and VMO, positive McMurray test, 5-/5 strength in left knee extensor; decreased light touch sensation over medial foot on the left side. The medications list includes Norco, Fluconazole, Meloxicam, Sulfamethoxazole-TMP DS and Tylenol. He has had EMG/NCS of lower extremities dated 10/7/2013 which revealed acute on chronic left L4 and bilateral L5 radiculopathy; left knee X-ray dated 6/19/2013 which revealed normal findings; lumbar MRI dated 6/19/2013 which revealed marked canal and bilateral foraminal stenosis at L5-S1 with root compression due to severe facet arthropathy and grade 1 Anterolisthesis of 10mm and 1-2mm disc protrusion, L4-L5 marked canal and bilateral foraminal stenosis with left L4 root compression due to marked facet arthropathy, 4mm Anterolisthesis, and 3mm disc bulge; CT head dated 5/31/14 with normal findings; CT maxillofacial dated 5/31/14 which revealed minimal paranasal sinus disease. He has had Lumbar Epidural Steroid Injection and Left Knee Steroid Injection for this injury. He has had physical therapy visits and chiropractic therapy visits for this injury. He has had urine drug screen dated 5/10/13 which was positive for Hydrocodone and nor Hydrocodone; urine drug screen dated 4/29/2013 which was positive for Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

Decision rationale: Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear is not specified in the records provided. Response to conservative therapy including physical therapy is not specified in the records provided. The medical necessity of left knee brace is not established for this patient at this time.

Referral to a Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. Patient had lumbar MRI and EMG/NCS with abnormal findings. However patient has already had a spine surgeon consultation for lumbar spine. Rationale for the need of a second opinion is not specified in the records provided. The medical necessity of Referral to a spine surgeon is not fully established for this patient.