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| Case Number: | CM14-0206616 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 04/01/2004 |
| Decision Date: | 02/10/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 50 year old male with an injury date of 04/01/04. Per the 10/29/14 report the patient presents with intermittent lower back and bilateral knee pain with occasional numbness and tingling in the lower back and bilateral legs. The worst pain is in the lower back with frequent spasms. He also presents with neck and right shoulder pain. Pain is rated 10/10. He has depression and sleep issues due to chronic pain with decreased ability to do daily tasks. The patient is not working. Examination reveals neck flexion to 25 degrees and extension to 25 degrees. Right upper extremity laterally abducts to 20 degrees with lumbar flexion to 45 and extension to 15 degrees. The right lower extremity extends to 180 degrees and flexes to 120 degrees. The left lower extremity extends to 175 degrees and flexed to 120 degrees. There is weight gain of 50 pounds since the injury. The patient's diagnoses include:1. Discogenic lumbar condition with disc disease and extrusion at L4-L5 MRI being many years old2. Discogenic cervical condition with MRI showing disc disease at C5-C6 and C6-C7 with herniation at those levels3. Internal derangement of the knee on the left per MRI of 2008 showing ACL abnormality. Donjoy brace not provided and not responded upon.4. Impingement syndrome of the shoulder on the right with MRI showing partial rotator cuff tear, treated conservatively to date5. Chronic pain syndromeThe patient is prescribed Tramadol ER that the patient states decreases pain some and Flexeril which helps decrease intensity and frequency of spasms. Other medications are listed as: Protonix, Lidopro, and Effexor and Trazodone for depression. He also uses ice and heat for pain as needed. The patient's back brace is old and worn out and no longer provides proper support. The utilization review is dated 11/11/14. One report is provided for review dated 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic, lower knee addition and upper knee addition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Brace

Decision rationale: The patient presents with lower back pain radiating to the bilateral legs along with pain in the bilateral knees, neck and right shoulder in addition to sleep difficulty and depression. The worst pain is in the lower back rated 10/10. The current request is for Defiance brace molded plastic, lower knee addition and upper knee addition. The RFA included is dated 10/29/14. ACOEM page 340 does state, "a brace can be used for patellar instability, anterior cruciate ligament tear, or 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." ODG, Knee & Leg Chapter, Knee Brace, states recommended as indicated. Criteria are listed as: Knee instability, Ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartmental osteoarthritis, and Tibial plateau fracture. The patient's treatment history is limited as only the report dated 10/29/14 is provided for review. The treatment plan states, "[REDACTED] previously requested for knee brace (L1810, L2430) and DonJoy (brace L1846, L2820, L2830), please authorize." In this case, the patient presents with bilateral knee pain and has a diagnosis of internal derangement of the left knee. Objective findings included in the report state only the following regarding the lower extremities, "Right lower extremity extends to 180 degrees and flexes to 120 degrees. Left lower extremity extends to 175 degrees and flexes to 120 degrees." There is no evidence that the patient has instability per ACOEM guidelines above or meets the criteria as stated by ODG. The request is not medically necessary.