

Case Number:	CM14-0206627		
Date Assigned:	12/18/2014	Date of Injury:	04/01/2004
Decision Date:	02/11/2015	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. Based on 10/29/14 progress report, the patient complains of pain in neck, right shoulder, right upper extremity, low back, and bilateral knees. The pain occurs intermittently throughout the day and is rated at 10/10. He also experiences tingling and numbness in low back and bilateral legs occasionally. Prolonged sitting, walking and standing aggravate the lower back and lower extremity pain. Patient admits having sleep issues and elements of depression. The patient has gained 50 pounds since the injury. As per progress report dated 07/03/14, the patient also suffers from major depressive disorder, generalized anxiety disorder, hypertension, dyslipidemia, diabetes, asthma, chronic pain, and physical therapy. In progress report dated 02/27/14, the patient rates the pain as 8/10 without medications and 4-5/10 with Tramadol and LidoPro lotion. Apart from Tramadol, the patient is taking Flexeril to reduce the muscle spasms in the lower back, as per progress report dated 10/29/14. The patient is also taking Naproxen, Protonix, Effexor and Trazodone. He also uses ice and hot packs for pain relief, as per the same progress report. The patient is not working right now and is receiving social security disability, as per progress report dated 10/29/14. MRI of the Lumbar Spine (no date provided), as per progress report dated 10/29/14:- Extruded disc at L4-5- Disc bulges at L3-4 and L4-5- Facet changes at L3-4, L4-5 and L5-S1 MRI of the Cervical Spine, 2012, as per progress report dated 10/29/14: Disc disease at C5-6 and C6-7 with herniation. MRI of the Left Knee, 2008, as per progress report dated 10/29/14: ACL abnormality MRI of the Right Shoulder (no date provided), as per progress report dated 10/29/14: Partial rotator cuff tear Diagnoses, 10/29/14:- Discogenic lumbar condition with disc disease and extrusion at L4-5.- Discogenic cervical condition- Internal derangement of the knee on the left- Impingement syndrome of the right shoulder- Chronic pain syndrome The treater is requesting for NEOPRENE

MULTI-POSITION PLUS AND JOINT ADDITION. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 04/04/14 - 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene multi-position plus and joint addition polycentric: 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, Braces

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

Decision rationale: The patient presents with pain in neck, right shoulder, right upper extremity, low back, and bilateral knees, as per progress report dated 10/29/14. The request is for Neoprene multi-position plus and joint addition. The pain occurs intermittently throughout the day and is rated at 10/10. He also experiences tingling and numbness in low back and bilateral legs occasionally, as per the same progress report. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and title 'Knee Brace', provides following criteria for the use of knee brace "refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture" In this case, the treater states that the patient suffers from bilateral knee pain which worsens with sitting, standing and walking. As per progress report dated 10/29/14, the patient has been diagnosed with internal derangement of the left knee and has ACL abnormality according to 2008 MRI report. The treater reiterates the request for knee brace and DonJoy Brace. However, the progress reports do not provide any other details about the patient's knee problem. Additionally, the treater also states, in report dated 10/29/14, that the patient "wears knee braces as needed for support," but does not explain the need for a new set of braces or the neoprene. The reports do not specifically discuss the request. The request is not medically necessary.