

<b>Case Number:</b>	CM14-0208927		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 44 year old female with date of injury 01/07/14 when she slipped and landed on her left shoulder and hit her knee on a metal object. The treating physician report dated 09/24/14 indicates that the patient presents with pain affecting her right knee and low back (33). The physical examination findings reveal tenderness to palpation over the lumbar spine, positive Kemp's test, bilateral leg raises caused low back pain and the right knee was tender to palpation with positive Clarke's & McMurray's test. The patient is walking with a limp without the use of crutches, cane, or a brace. Prior treatment history includes physical therapy and orthopedic evaluation which the physician suggested knee surgery. MRI findings reveal possible meniscal tear, mild pes anserine bursal fluid, and low-grade chondral fissuring at the junction of the central and posterior aspects of the medial femoral condyle. The current diagnoses are: 1. Right Knee Internal Derangement 2. Right Knee Meniscus Tear 3. Right Knee Chondromalacia 4. Lumbar Dysfunction The utilization review report dated 11/26/14 denied the request for Right Knee Brace and Chiropractic 2 times a week for 3 weeks for the lumbar spine based on medical necessity not being established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

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

**Decision rationale:** The patient presents with pain affecting her right knee and low back. The current request is for a right knee brace. The treating physician states, "The patient is working and light duties are not being accommodated but financially the patient is begging to work. She needs an unloader brace to stabilize and unload the knee joint so she can continue working without further damage." MTUS guidelines do not address knee braces. The ODG guidelines state, "Necessary only if the patient is going to be stressing the knee under load" and recommended a knee brace if the patient is having knee instability. In this case, the treating physician has documented that while the patient is working, her knee will be under load and that her knee is causing her instability. Therefore, this request is medically necessary.

**Chiropractic 2 times a week for 3 weeks for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with pain affecting her right knee and low back. The current request is for chiropractic 2 times a week for 3 weeks for the lumbar spine. The treating physician states, "The patient needs 6 chiropractic treatments to the lumbar spine to restore function and diminish pain." The MTUS guidelines state, "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement." In this case, there are no medical records provided to indicate that the patient has had any prior chiropractic treatment for this injury and this is an initial request for care. Therefore, this request is medically necessary.