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| Case Number: | CM15-0014498 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/29/2004 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60-year-old male who reported an injury on 08/01/2008 to the left and right knee, 01/26/2010 to the left and right knee, and continuous trauma to the upper extremities, neck and back from 01/20/2005 through 08/13/2014. The mechanism of injury was pulling a door down on the trailer and noted that it had a handle that he had to latch to close the door and latched it properly, he experienced a tearing sensation in his left knee and immediately complained of pain. He was diagnosed with an iliotibial band problem and provided treatment, but not to his left knee. He received cortisone injections to the lateral aspect of his left thigh, and physical therapy, which did not provide much relief. An MRI of the left knee had been performed and when another doctor read the MRI it revealed tears involving the anterior cruciate ligament and posterior horn of the medial meniscus. MRI studies of the right knee revealed a horizontal SLAP tear at the posterior horn of the medial meniscus. The injured worker received an MR arthrogram on 08/01/2008, which revealed a tear of the posterior horn of the medial meniscus and partial tear of the anterior cruciate ligament. The injured worker had arthroscopic surgery of the right knee on 11/11/2011 and again on 02/11/2012. In 05/2012, the injured worker grabbed a handrail and felt a tearing sensation in his left shoulder. The injured worker had an MRI study the next day, which revealed a rotator cuff tear. In 11/2012, he received corticosteroid injection to the left shoulder, which provided relief. He has complained of pain in his neck and lower back with radicular symptoms to both upper extremities. His medications included Norco, Anaprox, Prilosec, and Flexeril. The clinical note documents, at this time, the injured worker has frozen left shoulder and cannot lift past 90 degrees, and has minimal internal

and external rotation. On physical exam, his left knee is noted to have well-healed portal scars, tenderness to palpation along the medial and lateral joint line, positive soft tissue swelling with crepitus noted with general range of motion, positive McMurray's sign. His treatment plan included pain medication, he received a left intra-articular knee joint injection from which he had notable pain relief. The treatment plan also included a request for authorization of upper extremity EMG/NCV. The injured worker also received 4 trigger point injections to the posterior lumbar musculature for which he reported good pain relief of greater than 50% and an increased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left OTS trainer knee brace (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for left OTS trainer knee brace (purchase) is not medically necessary. The ACOEM Guidelines state usually a brace is necessary only if the patient is going to be stressing the knee under a 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. There is a lack of documentation of the injured worker's activities at work, if he is on modified duty, and there is a lack of documentation regarding the patient in a rehabilitation program in order to have a proper fit of the brace. Therefore, the request for left OTS trainer knee brace (purchase) is not medically necessary.