MAXIMUS Federal Services

Case Number:	CM15-0133973		
Date Assigned:	07/22/2015	Date of Injury:	02/23/2000
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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: Emergency Medicine

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 48 year old male who sustained an industrial injury on February 23, 2000. He has reported chronic low back pain, cervical spine pain, left wrist pain, and left knee pain and has been diagnosed with status post lumbar fusion, lumbar discogenic, chronic low back pain, cervical facet arthrosis, cervical discogenic disease, left knee internal derangement, status post left carpal tunnel release with residuals, status post knee arthroscopy, and intractable pain. Treatment has included medical imaging, surgery, rest, ice, heat, and physical therapy. Examination of the lumbar spine revealed a healed surgical incision and spasm. There was a positive straight leg raise bilaterally. There was bilateral decreased sensation at L5-S1. There was decreased range of motion and painful range of motion with positive muscle spasms. Cervical spine revealed spasm with decreased range of motion and painful range of motion. The left knee revealed healed arthroscopic portals. There was tenderness to palpation at the joint line and patellofemoral crepitation and mild swelling. There was a 5-125 degree range of motion. Left wrist and hand revealed a healed scar. Tinel was positive and Phalen was positive as well. The treatment request included knee brace, back brace, cane, and wrist splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Knee Brace (left): Upheld

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

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

Decision rationale: The request is for a knee brace. The ODG guidelines state the following regarding this topic: Criteria for the use of knee braces: Prefabricated 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 Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; d. Disproportionate thigh and calf (e.g., large thigh and small calf); e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin; b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. In this case, there is inadequate documentation of a qualifying condition for a knee brace. The records do not reflect severe instability which would place the patient at risk for falls. Pending receipt of the reasoning why this is necessary, the request is not medically necessary.

1 Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back and Thoracic (Acute & Chronic): Lumbar support (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: The request is for the use of a lumbar back support to aid in pain relief and injury prevention. The ACOEM guidelines makes the following statement: The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. As an alternative it is advised that prolonged sitting and standing should be reduced by providing rest and exercise breaks and task rotation and variation should be employed. Heavy loads need to be divided and mechanical support devices used. Also, the workstation can be set up to optimize reduction in back strain. As such, due to poor evidence of its utility and effectiveness, the request is not medically necessary.

1 cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (Acute & Chronic): Cane. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The request is for a cane or walking aid. The ODG guidelines state the following: Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003) There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. (Brouwer-Cochrane, 2005) Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. (Chan, 2005) While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. (Yang, 2005) Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. (McDevitt, 2004) Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008) While foot orthoses are superior to flat inserts for patellofemoral pain, they are similar to physical therapy and do not improve outcomes when added to physical therapy in the short-term management of patellofemoral pain. (Collins, 2008) In patients with OA, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Patients must be careful not to use their cane in the hand on the same side as the symptomatic leg, as this technique can actually increase the knee adduction moment. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. (Reeves, 2011) See also Trekking poles; U-Step walker. In this case, there is inadequate documentation to support the use of a cane. As stated above, it is of benefit for patients with osteoarthritis and disability. Pending receipt of further information regarding the reasoning for a walking aid, the request is not medically necessary.

1 Wrist splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic) : Splint (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The request is for a wrist splint. The ACOEM guidelines state the following regarding this topic: Two prospective randomized studies show no beneficial effect from post-operative splinting after carpal tunnel release when compared to a bulky dressing alone. In fact, splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home therapy program. In this case, the guidelines do not support continued wrist splint use. This is due to poor evidence regarding its benefit. Pending receipt of the reasoning or qualifying factors for wrist splint use, the request is not medically necessary.