

Case Number:	CM15-0141576		
Date Assigned:	07/31/2015	Date of Injury:	04/09/2012
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/21/2015

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, Pain Management

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 53 year old female who sustained an industrial injury on 4.9.12 when she tripped trying to protect her students from gunfire falling onto the steering wheel of a bus. She complained of right trapezius muscle pain and aggravation of low back pain. She was diagnosed with lumbosacral strain, shoulder, upper arm stain, pain multiple sites. She was given Prilosec, Naprosyn, Norco, Salonpas pain patch and lumbosacral support. She was started on physical therapy. She currently complains of significant low back pain; left lower extremity instability due to back pain causing her to fall; numbness and tingling in the bilateral upper extremities. On physical exam of the shoulders there was tenderness to pressure over bilateral shoulders, decreased range of motion, positive right and left impingement sign; lumbar spine revealed spasms and tenderness to palpation of the paraspinal muscles, decreased range of motion. Medications were carisoprodol, Norco. Diagnoses include bilateral shoulder impingement; lumbar sprain, strain; internal derangement of knee bilateral, not otherwise specified; cervical sprain. Treatments to date include medication; physical therapy. Diagnostics include MRI of the lumbar spine (5.22.12, 9.9.14) showing disc protrusions, degenerative disc disease; MRI of the right shoulder (6.19.12) showing degenerative changes, tendinosis; MRI of the left shoulder (9.17.13) showing tendinosis, possible superior labrum anterior on posterior tear; MRI of the left shoulder (1.28.14) showing partial tear of the infraspinatus tendon with muscle injury; x-ray of the lumbosacral spine (2.28.14) showing mild degenerative changes, no fractures or dislocations; MRI of the right knee (6.24.14) showing oblique tear; MRI of the right knee (6.25.14) showing near full thickness chondral fissure; MRI of the right and left shoulder (6.25.14) showing questionable mild bursal surface fraying. In the progress note dated 6.8.15 the treating provider's plan of care included a request for a left knee brace to prevent further re-injury and falls.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state that 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 recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, 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. Within the documentation available for review, there is documentation of knee instability for which a new brace is indicated. As such, the currently requested knee brace is medically necessary.