

<b>Case Number:</b>	CM15-0143005		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/08/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 sustained an industrial injury on December 8, 2014, incurring neck upper back, shoulder, elbow, wrist, and knee injuries. Treatment included physical therapy, chiropractic sessions, acupuncture, medication management and activity restrictions. Currently, the injured worker complained of intermittent neck pain radiating to both shoulders, bilateral elbow pain which increased after activities and bilateral wrists, hands and knee pain with numbness, tingling, weakness and stiffness. The injured worker noted reduced and limited range of motion of his back and extremities secondary to the chronic pain. He was noted to have a positive McMurray's test of the left knee revealed a positive tear of the knee cartilage. The treatment plan that was requested for authorization included a left knee support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Support:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

**Decision rationale:** The 60 year old patient complains of neck pain radiating to bilateral shoulders, bilateral elbow pain, bilateral wrist and hand pain radiating to fingers to produce numbness and tingling, low back pain radiating to left knee, bilateral knee pain, sleep issues, and stress, as per progress report dated 06/05/15. The request is for LEFT KNEE SUPPORT. The RFA for this case is dated 06/29/15, and the patient's date of injury is 12/08/14. Diagnoses, as per progress report dated 06/05/15, included cervical spine sprain/strain, myospasms, bilateral shoulder sprain/strain, bilateral elbow epicondylitis, clinical ulnar neuritis, bilateral carpal tunnel syndrome, bilateral wrist sprain/strain, bilateral knee sprain/strain, anxiety, stress and insomnia. The patient has been allowed to return to work with restrictions, as per the same progress report. ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." In this case, only one progress report dated 06/05/15 has been provided for review. While the report includes the request, the treater does not explain the purpose. The patient does suffer from left knee pain along with limited range of motion. Physical examination reveals tenderness to palpation in the left infrapatella along with positive McMurray's sign. However, there is no documentation of "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture" for which knee brace is recommended by ODG. Hence, the request is not medically necessary.