

Case Number:	CM15-0146712		
Date Assigned:	08/07/2015	Date of Injury:	08/09/2011
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on August 9, 2011, incurring neck, right shoulder, right knee, upper and lower back injuries after a fall. He was diagnosed with cervical disc disease with radiating pain and muscle spasms in the upper and lower extremities. Treatment included physical therapy, interferential therapy, anti-inflammatory drugs, muscle relaxants, pain medications, topical analgesic creams and activity restrictions. Currently, the injured worker complained of increased right shoulder pain and right knee pain. He was noted to limited range of motion with tenderness of the bilateral knees. He complained of radicular neck pain, weakness with tingling and numbness in both upper and lower extremities. He uses a walker for ambulation. The treatment plan that was requested for authorization included a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace, Aligned S3 brace, size 2x: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13
 Knee Complaints Page(s): 338-340.

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

Decision rationale: Pursuant to the Official Disability Guidelines, right knee brace, Aligned S3 brace, size 2X is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnoses are status post ACDF cervical spine; left shoulder sprain strain; lumbar spine sprain strain; left knee sprain strain; and diabetes mellitus, gastritis and progressive neurologic deficit secondary to cervical spine myopathy. Date of injury is August 9, 2011. Request for authorization is June 23, 2015. According to a September 17, 2014 progress note, the injured worker is wheelchair-bound with a right knee hinged brace. According to a June 1, 2015 progress note, the injured worker has subjective complaints of cervical spine pain that radiates to the arm, bilateral knee pain headaches. The injured worker has a hinged knee brace. Objectively, flexion of the knee is decreased and there is medial and lateral joint line tenderness of the knees bilaterally. The injured worker wears a hinged brace and there is no clinical rationale for replacing with a right knee brace aligned S3 brace, size 2X based on the facts in the medical record. Additionally, there is no evidence of patellar instability, ACL tear or MCL instability. A September 17, 2014 medical record progress note provides conflicting documentation stating the injured worker is wheelchair-bound and yet ambulates with a limp. Consequently, absent compelling clinical documentation with the clinical indication and rationale for a different knee brace, evidence of patellar instability, ACL tear or MCL instability and conflicting evidence indicating the injured worker is wheelchair-bound yet ambulates with a limp, right knee brace, Aligned S3 brace, size 2X is not medically necessary.