

<b>Case Number:</b>	CM15-0148730		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 58-year-old female with an industrial injury dated 05-10-2007. The injured worker's diagnoses include lumbar sprain and strain, lumbar disc bulges, right foot ankle strain, peroneal tendinitis, right knee patellofemoral arthralgia, bilateral wrist tendinitis, cervical and trapezial sprain and strain with right upper extremity radiculitis, temporomandibular joint dysfunction, sleep difficulty, hypertension, anxiety and depression. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, chiropractic treatment, home exercise therapy, brace and periodic follow up visits. In a progress note dated 06-05-2015, the injured worker reported low back pain and discomfort with numbness and tingling to the bilateral lower extremities, soreness, spasm and difficulty sleeping due to pain. The injured worker also reported right ankle swelling, difficulty walking, and right knee buckling, popping and giving way. A previous lumbar and cervical epidural steroid injection (ESI) were noted to provide temporary relief. Objective findings revealed decreased cervical lordosis and tenderness to palpitation with muscle guarding over the paraspinal musculature and trapezius muscles, bilaterally. Lumbar spine exam revealed tenderness to palpitation with muscle guarding over the L3-L5 spinous processes, bilateral sacroiliac (SI) joints, bilateral paraspinal musculature and lumbosacral junction. Bilateral wrist exam revealed tenderness to palpitation over the flexor and extensor tendons. Right knee exam revealed tenderness to palpitation over the medial and lateral joint lines, positive McMurray's test, and positive patellar grind test. Right ankle and foot exam revealed tenderness, crepitus, positive inversion and eversion. The treating physician prescribed

services for diagnostic ultrasound of the right knee, leg spacer, pain management consultation, and right knee brace, now under review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Leg Spacer: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.coreproducts.com/leg-spacer-foam.html>.

**Decision rationale:** The request for a leg spacer is not medically necessary. A leg spacer is a pillow that fits between the legs to help with spine alignment and is advertised to help relieve pressure and strain on lower back, hips, knees, and ankles. There were no MTUS or ODG guidelines for use of a leg spacer. The patient suffers from lumbar, knee, ankle pain. However, there is not enough evidence or clear guidelines on the use of this pillow to treat his pain. Therefore, the request is considered not medically necessary.

#### **Pain Management Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms and unresolved radicular symptoms after receiving conservative treatment. The patient has already had two pain management consults without improvement in pain or improvement in function. A third consult is unlikely to improve the patient's symptoms. Therefore, the request is considered not medically necessary.

#### **Right Knee Brace: 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 13 Knee Complaints Page(s): 340.

**Decision rationale:** As per the MTUS guidelines, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament 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." The patient does not suffer from any of the conditions stated above and would not be undergoing any strenuous activities that would require a brace. There is no documentation of tears or instability of the knee. Therefore, the request is considered medically unnecessary.

**Diagnostic Ultrasound of The Right Knee and Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request is considered not medically necessary. US of the knee is not medically necessary. MRI best evaluates soft tissue injuries of the knee including meniscal tear, chondral surface injuries, and ligamentous disruptions. US of the knee is typically used for assisting injections or aspirations of the knee. Therefore, the request is considered not medically necessary.