

Case Number:	CM15-0161816		
Date Assigned:	09/04/2015	Date of Injury:	08/23/2013
Decision Date:	10/06/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 58 year old female sustained an industrial injury to the low back and both knees on 8-23-13. Previous treatment included right knee arthroscopy (10-28-14), physical therapy, acupuncture, injections, epidural steroid injections and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 7-7-15, the injured worker complained of lumbar spine pain with radiation to bilateral lower extremities, rated 7-8 out of 10 on the visual analog scale, intermittent right knee pain, rated 4 out of 10 on the visual analog scale and intermittent left knee pain when using stairs. The injured worker reported that Synvisc injections for the right knee didn't help. The injured worker walked with an antalgic gait with stiffness, without use of assistive device. Current diagnoses included lumbar spine degenerative disc disease, right knee status post arthroscopy, right knee osteoarthritis, left knee sprain and strain and left knee degenerative joint disease. The treatment plan included magnetic resonance imaging lumbar spine and a right knee osteoarthritis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee OA brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This claimant was injured in 2013. As of July, the injured worker complained of lumbar spine pain with radiation to the bilateral lower extremities, and right knee pain, rated 4 out of 10 on the visual analog scale and intermittent left knee pain when using stairs. The injured worker walked with an antalgic gait with stiffness, without use of assistive device. Current diagnoses included lumbar spine degenerative disc disease, right knee status post arthroscopy, right knee osteoarthritis, left knee sprain and strain and left knee degenerative joint disease. Page 340, ACOEM, Knee complaints notes: A brace can be used 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. It is not clear the claimant has these conditions, or these occupational needs. The guides further note that for the average patient, using a brace is usually unnecessary. There is nothing noted as to why this claimant would be exceptional from average and need a brace. The request is appropriately non certified.