

Case Number:	CM15-0181576		
Date Assigned:	09/22/2015	Date of Injury:	06/22/2015
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii

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 52 year old female who sustained an industrial injury on 06-22-2015. Current diagnoses include chronic sprain-strain cervical spine with musculoligamentous stretch injury and right and left cervical radiculitis, chronic sprain-strain thoracic spine with musculoligamentous stretch injury, chronic sprain-strain lumbar spine with musculoligamentous stretch injury and right and left lumbar radiculitis rule out herniated nucleus pulposus, chronic sprain-strain shoulder-arm bilateral, rule out shoulder internal derangement, lateral epicondylitis-right, chronic sprain-strain knee-right, rule out internal derangement, and anxiety-tension reactive to pain and stress. Report dated 07-29-2015 noted that the injured worker presented with complaints that included neck pain with radiation to both shoulders with associated numbness, stiffness, limited neck motion, headaches, and sleep interruption, upper back pain with tingling, shortness of breath, and sleep interruption, low back pain with radiation to the buttocks with associated numbness, tingling, stiffness, limited low back motion and sleep interruption, bilateral shoulder pain with radiation to both arms, with associated sleep interruption, right knee pain with associated stiffness, limited knee motion, swelling and sleep interruption, right leg pain, and sleep interruption with sleep duration of 2-8 hours of uninterrupted sleep. Pain level was not included. Physical examination performed on 07-29-2015 revealed tenderness in the cervical spine, thoracic spine, lumbosacral spine, bilateral shoulders, right elbow, and right knee, range of motion was full in all planes with associated pain in cervical spine, lumbosacral spine, bilateral shoulders, right elbow, and right knee, spasms in the cervical, thoracic and lumbosacral

spines, and positive orthopedic testings. Previous treatments included medications. The treatment plan included requests for an MRI of the right knee and lumbar spine, EMG-NCS of the right upper extremity, physical therapy, chiropractic, patient education classes, and functional capacity evaluation, dispensed lumbar spine brace, walking cane, and right knee support, and return to clinic in 4 weeks. Work status was documented as temporarily totally disabled. The utilization review dated 08-20-2015, non-certified the request for lumbar brace, right knee support, and walking cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, Lumbar Support.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral shoulders and arms, low back with radiation to the buttocks, and right knee. The current request is for Lumbar brace for purchase. The treating physician report dated 7/29/15 (9C) states, "she uses a lumbar support all day." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding lumbar supports: "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP." In this case, while the patient presents with chronic low back pain with radiation to the buttocks, the patient is already using a lumbar brace and there is no rationale from the treating physician as to why the patient requires an additional brace. The current request is not medically necessary.

Walking cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Knee, Walking aide.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral shoulders and arms, low back with radiation to the buttocks, and right knee. The current request is for Walking cane. The treating physician report dated 7/29/15 (9C) states, "Frequent dull right knee pain associated with stiffness, limited right knee motion, swelling and sleep interruption, exacerbated by 10 minutes of sitting, standing, walking or lifting, carrying 5 pounds, squatting, kneeling, climbing, walking on uneven ground." The MTUS guidelines do not address the current request. The ODG guidelines state Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related

impairments seem to determine the need for a walking aid. "While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury." In this case, the patient is a 52 year old female who presents with chronic pain affecting the right knee and examination showed positive McMurray and valgus-varus tests. The current request satisfies the ODG guidelines as walking canes are supported for therapeutic use. The current request is medically necessary.

Right knee support: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: The patient presents with pain affecting the neck with radiation to the bilateral shoulders and arms, low back with radiation to the buttocks, and right knee. The current request is for Right knee support. The treating physician report dated 7/29/15 (18C) states, "Dispense right knee support." The report goes on to state, "Frequent dull right knee pain associated with stiffness, limited right knee motion, swelling and sleep interruption, exacerbated by 10 minutes of sitting, standing, walking or lifting, carrying 5 pounds, squatting, kneeling, climbing, walking on uneven ground." ACOEM page 340 does state, "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." In this case, examination shows positive McMurray and valgus-varus tests. Furthermore, the patient experiences an exacerbation in pain when stressing the knee under load including "lifting, carrying 5 pounds, squatting, kneeling, climbing." The current request satisfies the ACOEM guidelines as outlined on page 340. The current request is medically necessary.