

Case Number:	CM15-0188450		
Date Assigned:	09/30/2015	Date of Injury:	10/04/2010
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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 60 year old male with an industrial injury dated 10-04-2010. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial sprain of lumbar spine and rule out left knee internal derangement. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. In a progress report dated 05-27-2015, the injured worker reported constant pain in the lower back and bilateral knee pain. The injured worker rated left knee pain a 7-8 out of 10. The pain is increased with standing and walking for any length of time, walking on even or uneven terrain, squatting, bending, stooping, ascending and descending stairs, pushing, pulling and lifting and or carrying of any weight. The injured worker experiences swelling, tightness and weakness in the knee. The injured worker reported that his left knee is weak and unstable and that it locks and "gives way" on him. The injured worker experiences occasional numbness and tingling in the knee and leg. The pain radiates from the left knee to the low back and occasional in the left calf. The injured worker also reported difficulty sleeping due to his pain. Left knee exam (05-27-2015) revealed well healed arthroscopic port holes, effusion, medial and lateral joint line tenderness, crepitus, negative 5 degrees extension, and 125 degrees of flexion. According to the progress note dated 08-19-2015, the injured worker reported low back pain and bilateral knee pain, left greater than right. The injured worker reported frequent spasm, difficulty with taking steps and difficulty with full extension to the left knee. Objective findings (08-19-2015) revealed tenderness to palpitation with spasm, decrease range of motion , positive Kemp test, positive bilateral straight leg raises , positive Mc Murray's test, and positive patellofemoral. Some documents within the submitted medical records are difficult to decipher. The treatment plan included MR arthrogram

of left knee and left knee brace. The injured worker's work status is return to full duty. The treating physician prescribed left knee brace for purchase. The original utilization review determination (09-08-2015) denied the request for left knee brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace for purchase: Upheld

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

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

Decision rationale: The patient presents with low back pain, bilateral knee pain, left greater than right, myofascial sprain of the lumbar spine and rule out left knee internal derangement. The patient currently complains of constant pain in the lower back and bilateral knee pain along with left knee weakness and issues of instability, numbness and tingling in the knee and leg. The current request is for Left knee brace for purchase. The treating physician states in the treating report dated 8/19/15 (14B), "Request DME L knee replacement of brace for support and stability." MTUS is silent regarding the requested medical treatment. ODG states, "Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. 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. ODG goes on to define criteria for the use of knee braces specific to prefabricated knee braces versus custom-fabricated knee braces. In this case, the treating physician documents that "His knee is weak and unstable and locks and gives way on him" in the treating report dated 5/27/15 (10B). However, there is not specificity in the request for the left knee brace purchase in terms of prefabricated knee brace versus custom-fabricated knee brace nor is there any clinical history that documents the benefits of the knee brace based upon prior usage. The current request is not medically necessary.