MAXIMUS Federal Services

Case Number:	CM15-0193168		
Date Assigned:	10/07/2015	Date of Injury:	04/08/2009
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 42 year old male who sustained an industrial injury on 04-08-2009. Medical records indicated the worker was treated for chronic low back pain, bilateral knee pain, bilateral hand and wrist pain, and status post left knee arthroscopic debridement (date not given). In the visit of 04-21-2015, the worker is seen for continued low back pain, bilateral knees and hands pain. He awaits approval for a left carpal tunnel release and lumbar epidural steroid injection. His pain is an 8-9 on a scale of 0-10 without medications and a 5 on a scale of 0-10 with medications. Medications include Baclofen, Gabapentin, Norco, Prilosec, and Trazodone (04-21-2015). Exam of the lumbar spine reveals low back pain and spasm. Positive straight leg raising bilaterally is positive. He has left L5-S1 radiculopathy, decreased sensation L5-S1 on the left and mild right L5-S1 radiculopathy. Bilateral hands and wrists have positive Tinel and Phalen's, and bilateral knee exams have patellofemoral crepitation, positive Apley grind test, and tenderness to palpation at the joint line. The treatment plan includes pending authorizations for the left carpal tunnel release and a lumbar epidural steroid injection, and probable revision surgery for the left knee and also the right knee. The worker will follow up in six weeks. He remains on temporary total disability. A request for authorization was submitted for bilateral knee brace. A utilization review decision 08-28-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back, knees, and hands. There were no documented examination findings suggesting the knees were unstable. Further, there was no discussion suggesting the worker was actively performing the type of activities described above or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for knee bracing on both sides is not medically necessary.