

Case Number:	CM15-0195896		
Date Assigned:	10/09/2015	Date of Injury:	01/05/2012
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 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 52 year old female with a date of injury on 01-05-2012. The injured worker is undergoing treatment for cervical-trapezial sprain-strain, myofascial pain syndrome, multilevel spondylosis from C2 to C7; lumbar spine musculoligamentous sprain-strain with right lower extremity radiculitis; left shoulder periscapular strain, bursitis, tendinitis, acromioclavicular joint osteoarthritis; left elbow sprain-strain with dynamic cubital tunnel syndrome; left wrist sprain-strain with dynamic carpal tunnel syndrome and DeQuervain's tenosynovitis; right hip sprain-strain; right knee contusion and patellofemoral arthralgia. A physician progress note dated 08-31-2015 documents the injured worker's cervical spine pain is rated 4-9 out of 10 and is moderate to severe. There is tenderness to palpation and axial compression test is positive and range of motion is restricted. Her lumbar spine pain is rated 4-9 out of 10 and is moderate to severe. There is tenderness to palpation with spasm over the bilateral paravertebral musculature. Straight leg raising is positive. Range of motion is restricted, and there is decreased sensation in the right lower extremity. Her left shoulder pain is rated 8-9 out of 10 and it is constant and is mild to moderate in intensity. There is tenderness present and crepitus with a positive impingement. He has left elbow complaints of popping, and increased symptom with power gripping, grasping. She is not interested in invasive treatment at this time. She rates her pain as 5-7 out of 10 and it is constant. She has left wrist pain and rates the pain as 5-7 out of 10 and she has constant numbness-she is not interested in a cortisone injection. She has right hip pain that is rated 8 out of 10. She has increased right knee pain that she rates as 9 out of 10 with catching, cramping and giving way. There is thigh atrophy. There

is tenderness to palpation over the medial and lateral joint lines and patellofemoral region. Crepitus is present. McMurry's test is positive. There is grade 4-5 weakness in flexion and extension. Flexion is 95 degrees and extension is 0 degrees. She uses a walker for ambulation, and has a slow gait. She is not working. Treatment to date has included diagnostic studies, medications, shoulder injections, transforaminal epidural steroid injections, 12 aquatic therapies, physical therapy, and a home exercise program. Medications documented include Norco, and Zanaflex. An Electromyography of the bilateral upper and lower extremities done on 06-11-2015 was normal. A Nerve Conduction Velocity studies on the bilateral upper and lower extremities done on 06-11-2015 revealed early-mild peripheral polyneuropathy secondary to a generalized-systemic neuropathic process. Bilateral tibia motor studies showed delay distal latency. The right sural sensory waveform was unobtainable. All other nerves tested showed normal latencies, amplitudes and nerve conduction velocities. An unofficial Magnetic Resonance Imaging report done on 05-27-2015 reveals a 6mm disc protrusion abutting the descending S1 nerve root with central canal stenosis. The Request for Authorization dated 08-31-2015 includes replacement right knee brace and left thumb spica, and cervical and lumbar spine traction; LSO (VQ). On 09-22-2015 Utilization Review non-certified, the request for Lumbar Spine Traction LSO (VQ) #1 and replacement right knee brace #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Right Knee Brace #1: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Activity Alteration, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 37.

Decision rationale: Long-term use of knee braces are not recommended. The ODG guidelines indicate: Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; d. Disproportionate thigh and calf (e.g., large thigh and small calf); e. Minimal muscle mass on which to suspend a brace; 2. Skin changes, such as: a. Excessive redundant soft skin; b. Thin skin with risk of breakdown (e.g., chronic steroid use); 3. Severe osteoarthritis (grade III or IV); 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); 5. Severe instability as noted on physical examination of knee. In this case, there is mention of thigh atrophy with catching and giving ways of the knee with going down stairs. Although long-term use may not

be appropriate in some case, the knee brace would allow for support and safety in this case and is appropriate and medically necessary.

Lumbar Spine Traction LSO (VQ) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods.

Decision rationale: According to the guidelines, Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In this case, the claimants pain and injury are chronic. Length of use and justification were not provided. The traction is not medically necessary.