MAXIMUS Federal Services

Case Number:	CM15-0203275		
Date Assigned:	10/20/2015	Date of Injury:	05/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old female, who sustained an industrial injury on 05-05-2014. She has reported injury to the low back. The diagnoses have included cervical spine disc protrusion, nerve compression; lumbar spine disc protrusion, nerve compression; right shoulder tendonitis; bilateral ankle strain; and right knee torn medial meniscus. Treatment to date has included medications, diagnostics, activity modification, and physical therapy. Medications have included Tramadol. A progress report from the treating physician, dated 09-09-2015, documented an evaluation with the injured worker. The injured worker reported pain in the knee is constant; and pain in the cervical spine and the lumbar spine is constant. Objective findings included limp; right knee joint line tenderness; Lasegue's test is positive; cervical spine and lumbar spine tenderness to palpation; and range of motion is limited. The provider noted that the arthroscopic surgery for the right knee is authorized. The treatment plan has included the request for knee brace; cervical pillow; and computerized range of motion of the cervical spine, lumbar spine, lower and upper extremity. The original utilization review, dated 09-23-2015, non- certified the request for knee brace; cervical pillow; and computerized range of motion of the cervical spine, lumbar spine, lower and upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical, Pillow, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Braces.

Decision rationale: Pursuant to the Official Disability Guidelines, knee brace is not medically necessary. 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. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; cervical spine disc protrusion; lumbar spine disc protrusion; right shoulder strain; right and ankle strain. Date of injury is May 5, 2014. Request for authorization is September 18, 2015. The documentation indicates the injured worker was authorized for a right knee arthroscopy. According to the September 9, 2015 progress note, subjective complaints include knee pain. The remainder of the subjective section is illegible. There is pain in the cervical and lumbar spine. Objectively, the injured worker walks with a limp and has joint line tenderness. There is tenderness in the cervical and lumbar spine. The documentation indicates the injured worker is authorized for right knee arthroscopy. Consequently, a knee brace is not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and authorization for the right knee arthroscopy, knee brace is not medically necessary.

Computerized range of motion of the cervical spine, lumbar spine, lower and upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Range of motion (ROM) testing.

Decision rationale: Pursuant to the Official Disability Guidelines, computerized range of motion to the lumbar spine, cervical spine and upper and lower extremities is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this

case, the injured worker's working diagnoses are right knee medial meniscal tear; cervical spine disc protrusion; lumbar spine disc protrusion; right shoulder strain; right and ankle strain. Date of injury is May 5, 2014. Request for authorization is September 18, 2015. The documentation indicates the injured worker was authorized for a right knee arthroscopy. According to the September 9, 2015 progress note, subjective complaints include knee pain. The remainder of the subjective section is illegible. There is pain in the cervical and lumbar spine. Objectively, the injured worker walks with a limp and has joint line tenderness. There is tenderness in the cervical and lumbar spine. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for computerized range of motion testing (should be part of a routine musculoskeletal evaluation), computerized range of motion to the lumbar spine, cervical spine and upper and lower extremities is not medically necessary.

Cervical Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical: Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Cervical pillow.

Decision rationale: Pursuant to the Official Disability Guidelines, cervical pillow is not medically necessary. The guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise. Studies concluded chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep. Either strategy alone did not give the desired clinical benefit. In this case, the injured worker's working diagnoses are right knee medial meniscal tear; cervical spine disc protrusion; lumbar spine disc protrusion; right shoulder strain; right and ankle strain. Date of injury is May 5, 2014. Request for authorization is September 18, 2015. The documentation indicates the injured worker was authorized for a right knee arthroscopy. According to the September 9, 2015 progress note, subjective complaints include knee pain. The remainder of the subjective section is illegible. There is pain in the cervical and lumbar spine. Objectively, the injured worker walks with a limp and has joint line tenderness. There is tenderness in the cervical and lumbar spine. The guidelines recommend the use of a neck pillow in conjunction with daily exercise. There is no documentation of ongoing concurrent therapeutic exercises or physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation indicating ongoing daily exercises or physical therapy, cervical pillow is not medically necessary.