

<b>Case Number:</b>	CM15-0207451		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

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 female who sustained an industrial injury on 08-09-2007. A review of the medical records indicated that the injured worker is undergoing treatment for cervical radiculopathy, lumbar radiculopathy, bilaterally knee pain, medication related dyspepsia, morbid obesity and insomnia. The injured worker has a medical history of hypertension. According to the treating physician's progress report on 09-01-2015, the injured worker continues to experience neck pain radiating to the shoulders down the bilateral upper extremities to the hands, lower back radiating down the bilateral lower extremities and bilateral knee pain. The injured worker rated her average pain without medications at 9 out of 10 and 5 out of 10 on the pain scale with medications. Examination of the lower back demonstrated tenderness to palpation at the L4-S1 levels with range of motion limited by pain particularly with flexion and extension. Straight leg raise was negative bilaterally. The bilateral knees were tender on palpation with decreased and painful range of motion. Prior treatments have included diagnostic testing, physical therapy and medications. Current medications were listed as Tramadol, Ibuprofen, Zolpidem, Omeprazole and antihypertensive medications. Treatment plan consists of diet and weight loss, home exercise program and the current request for bilateral Neoprene knee braces. On 09-29-2015 the Utilization Review determined the request for bilateral Neoprene knee braces was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral knee brace Neoprene: 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), Knee, 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 & Leg Chapter under Knee Brace.

**Decision rationale:** The patient presents with pain bilaterally in the knees. The request is for bilateral knee brace neoprene. The request for authorization form is not provided. Patient's diagnoses include cervical radiculopathy; lumbar radiculopathy; bilateral knee pain; hypertension; insomnia; morbid obesity; medication related dyspepsia; chronic pain, other. Physical examination of the lower extremity reveals tenderness was noted on palpation at the bilateral knees. The range of motion of the lower extremities bilateral knees was decreased due to pain. The patient is to continue on-going home exercise program. Patient's medications include Ibuprofen, Omeprazole, Tramadol, and Zolpidem. Per progress report dated 09/01/15, the patient is not working. ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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 all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG Guidelines, Knee & Leg Chapter under Knee Brace Section, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Treater does not discuss the request. In this case, the patient continues with bilateral knee pain. However, treater does not discuss or document any "knee instability, ligament insufficiency, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture" for which a Knee Brace is recommended by ODG. Therefore, the request is not medically necessary.