

Case Number:	CM15-0024429		
Date Assigned:	03/19/2015	Date of Injury:	09/20/2004
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/09/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male who sustained a work related injury on September 20, 2004. There was no mechanism of injury documented. The injured worker is status post external fixation of the right wrist times 2, status post right anterior collateral ligament repair in 2005 and 2008, right arthroscopic meniscus repair, lumbar fusion at L4-L5 and L5-S1 in 2011, spinal cord stimulator (SCS) trial 2012, Synvisc injections to the right knee in April 2014 and October 2104 and Botulinum toxin injection to the lower back in August 2014. The injured worker was diagnosed with lumbar myoligamentous injury with L5-S1-S1 spondylolisthesis and bilateral lower extremity radiculopathy, bilateral internal knee derangement and bilateral ankle internal derangement. An orthopedic re-evaluation on January 12, 2015 noted the lower back remained the same with soreness greater on the left side, central discomfort of the right wrist with squeezing or forceful supination, both knees remained symptomatic and bilateral ankle discomfort with intermittent radiation to the great toes and new occurrence of left heel pain on weight bearing. According to the primary treating physician's progress report on February 6, 2015, the patient had increased pain in the left knee with relief from previous Synvisc injections and a planned authorized third Synvisc injection to be administered next office visit. The injured worker's low back pain showed improvement following the recent Botulinum toxin injection. The injured worker has continued right wrist pain with decreased grip strength. Right ankle examination noted an ankle brace with minimal tenderness along the ankle joint line and no muscle atrophy noted. Current medications are listed as Norco, Ultracet, Gabapentin, Cyclobenzaprine, Anaprox, Ativan, Medicinal Marijuana, Neurontin, Prozac, Doral and Prilosec

with a recent successful weaning of OxyContin. The primary treating physician is requesting exercise kits, bilateral knee braces, lumbar back support and right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Custom Knee Braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and chronic).

Decision rationale: According to ODG guidelines, knee brace is considered clinically indicated for the following conditions: abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment (example heavy patient; significant pain), severe instability as noted on physical examination. The peer review stated that the requested knee braces are not supported because while there was "continued bilateral knee pain, progressively worsened on the right, the objective findings noted right knee soft tissue swelling, joint line tenderness, decreased range of motion and left knee tenderness. However, the records did not indicate clinical findings of abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment or severe instability to warrant custom braces." I disagree with the assertion that there are not clinical findings that indicate an approved indication. The clinical findings listed above suggest that the patient does likely have severe osteoarthritis as well as high likelihood of maximal off-loading of painful and repaired knee compartment as indicated by reported severe pain symptoms with loading. Consequently based on the clinical records, objective physical exam findings and symptoms, I believe that the requested bilateral knee brace is clinically appropriate, and therefore is medically necessary.

Cervical Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: From the provided records it is unclear what the "cervical exercise kit" includes and what the clinical indication of the kit is or what the proven efficacy of the kit has been. The exercise kit is not part of a supervised exercise program or rehabilitation program, as such it is not supported by the guidelines as being medically necessary, and therefore is not medically necessary.

LSO Back Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9. Pg. 304.

Decision rationale: According to ACOEM OMPG, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." It also states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Consequently, the requested lumbar support is not medically necessary.

Right Wrist 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), Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand (acute and chronic).

Decision rationale: The ACOEM guidelines support use of a wrist brace in pronator syndrome. According to the ODG, wrist brace is "not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures... early mobilization benefits include earlier return to work, decreased pain, swelling and stiffness and a greater preserved range of joint motion with no increased complications". Consequently, considering the injured workers presentation that does not include evidence of pronator syndrome or displaced fracture, the records do not indicate that wrist brace is clinically necessary at this point, and therefore is not medically necessary.