

<b>Case Number:</b>	CM15-0031898		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/13/1991
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 66 year old male who sustained an industrial related injury on 5/13/91. The injured worker had complaints of low back pain, right shoulder pain, and neck pain that radiated to bilateral upper extremities with associated cervicogenic headaches. Diagnoses included status post L4-5 and L5-S1 anterior posterior interbody fusion on 7/11/02, lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, bilateral knee internal derangement, status post left total knee replacement, status post right knee arthroscopic repair, cervical myoligamentous injury with right upper extremity radiculopathy, right shoulder rotator cuff tear, unsuccessful spinal cord stimulation trial, unsuccessful intrathecal pump trial, hypogonadism due to chronic opiate use, and medication induced gastritis. Treatment included an epidural steroid injection at L3-4 on 12/8/14 and a right shoulder steroid injection on 8/1/14. Medication included Norco, Motrin, Lyrica, Mirapex, Prilosec, and Baclofen. The treating physician requested authorization for bilateral knee sleeves L1810 for purchase and bilateral compression stockings A6591 for purchase. On 2/10/15 the requests were non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no comprehensive physical examination pertaining to bilateral knees that would support the requests. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral Knee Sleeves for Purchase: 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).

**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, Knee braces.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral knee sleeve for purchase 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 new brace can increase confidence which may indirectly help with healing. In all cases, braces need to be used in conjunction with a rehabilitation program and only necessary if the patient will be stressing the knee under load. See the Official Disability Guidelines for details and criteria for the use of knee braces. In this case, the injured worker's working diagnoses are status post L4 - L5 and L5 - S1 anterior posterior interbody fusion July 11, 2002; lumbar post laminectomy syndrome; bilateral lower extremity radiculopathy; bilateral knee internal derangement; status post total left knee replacement; status post right knee arthroscopy; cervical myoligamentous injury with the right upper extremity radiculopathy; unsuccessful spinal cord stimulator trial; unsuccessful intrathecal pump trial; hypogonadism secondary to chronic opiate use; and medication induced gastritis. The documentation in the medical record offers no subjective knee complaints. Objectively, on physical examination the documentation shows the injured worker has normal knee motor strength at 5/5. There were no other clinical findings referencing the knee. There was no clinical evidence of instability of the knee documented in the progress note dated December 29, 2014. The discussion section did not provide a clinical indication or rationale for bilateral knee sleeves for purchase. The treating provider was requesting the replacement of the patient's bilateral knee brace. Consequently, absent clinical documentation with a clinical indication and rationale for bilateral knee sleeves, bilateral knee sleeves for purchase is not medically necessary.

### **Bilateral Compression Stockings for Purchase: 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).

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, compression stockings bilateral for purchase are not medically necessary. There is good evidence for use of compression, but little is known about dosimetry in compression, for how long and at what level compression should be applied. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are status post L4 - L5 and L5 - S1 anterior

posterior interbody fusion July 11, 2002; lumbar post laminectomy syndrome; bilateral lower extremity radiculopathy; bilateral knee internal derangement; status post total left knee replacement; status post right knee arthroscopy; cervical myoligamentous injury with the right upper extremity radiculopathy; unsuccessful spinal cord stimulator trial; unsuccessful intrathecal pump trial; hypogonadism secondary to chronic opiate use; and medication induced gastritis. The documentation in the medical record offers no subjective knee complaints. Objectively, on physical examination the documentation shows the injured worker has normal knee motor strength at 5/5. There were no other clinical findings referencing the knee. There was no clinical evidence of instability of the knee documented in the progress note dated December 29, 2014. There was no documentation in the medical record with a clinical indication or rationale for compression stockings bilaterally. Consequently, absent clinical documentation the clinical indication or rationale for compression stockings, compression stockings bilateral for purchase are not medically necessary.