

<b>Case Number:</b>	CM15-0089438		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/20/2001
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 65-year-old female, who sustained an industrial injury on 1/20/01. The diagnoses have included left knee pain rule out Complex regional pain syndrome (CRPS) Type I of the left lower extremity (LLE), lumbar radiculitis, left ankle pain and left foot pain. Treatment to date has included medications, diagnostics, bracing, injections, conservative care, acupuncture, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 4/15/15, the injured worker complains of lower extremity pain especially in the left knee, ankle, and foot and plantar which is constant. The pain is described as burning electricity accompanied by numbness and tingling. She reports the presence of color change in the left foot, hyperhidrosis in the left lower extremity (LLE), and swelling in the left lower extremity (LLE) and temperature changes in the left lower extremity (LLE). She rates the pain 8/10 with medications and 10/10 without medications and reports that the pain has worsened since the last visit. Physical exam reveals that she is tearful and in moderate distress. The gait is noted to be antalgic and slow. The lower extremity exam reveals tenderness to palpation of the left knee, left ankle and left foot. The range of motion of the left ankle was decreased due to pain. The motor exam showed decreased strength of the extensor muscles in the left lower extremity (LLE). There was discoloration noted in the left lower extremity (LLE). The diagnostic testing that was performed included x-rays of the knee, Magnetic Resonance Imaging (MRI) and bone scan. The current medications included Gabapentin, Tramadol, Diovan, Glyburide, and naproxen, Norco, Omeprazole, Simvastatin, Temazepam and Tramadol. The

physician requested treatment included a Replacement left neoprene brace due to the persistent pain in the left knee and left lower extremity (LLE).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Replacement left neoprene brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** This 65 year old female has complained of knee pain and ankle pain since date of injury 1/20/01. She has been treated with physical therapy, acupuncture, injections and medications. The current request is for a replacement left neoprene brace. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee arthritis. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. A left neoprene brace is therefore not indicated as medically necessary.