

<b>Case Number:</b>	CM14-0113321		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old female who reported a date of injury of 03/31/2013. The mechanism of injury was a lifting injury. The injured worker had diagnoses of post-laminectomy syndrome of the thoracic region, sciatica and unspecified myalgia and myositis. Prior treatments included physical therapy, ice and heat therapy and the use of a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker had an MRI; however, the site at which the MRI was performed, the results of the MRI, and the date on which it was performed were not indicated. Surgeries included Laminectomy of the T-8-9-10 levels in August of 2013. The injured worker had complaints of constant pain of 4/10 of the left knee, back pain with radiation down the leg and pain in the right lower extremity. The clinical note dated 04/15/2014 indicated the injured worker had pain and tenderness to palpation of the lumbar spine of the L3-S1 region, palpable trigger points and, the injured worker had pain with range of motion in the lumbar spine with 60 degrees of flexion, 15 degrees of extension, 10 degrees of right and left lateral flexion. Medications included Neurontin, Flexeril, Aleve, Terocin patch, Naprosyn and Lyrica. The treatment plan included the recommendation of a selective epidural and trigger point injections, and the referral to a psychologist. The rationale and request for authorization form were not within the medical records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** The request for a left knee brace is not medically necessary. The injured worker had complaints of constant pain of 4/10 of the left knee, back pain with radiation down the leg and pain in the right lower extremity. The California MTUS/ACOEM guidelines recommend knee braces for patellar instability, anterior cruciate ligament tear or medical collateral ligament instability. A brace is usually 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. The injured worker had complaints of constant knee pain rated 4/10. The requesting physician did not provide an adequate assessment of the injured worker's left knee which documented significant functional deficits and significant instability to the left knee. The treatment plan did not include a recommendation for a rehabilitation program such as physical therapy. As such, the request is not medically necessary.