

Case Number:	CM14-0124580		
Date Assigned:	08/08/2014	Date of Injury:	08/10/2012
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 6/10/2012. Per pain management note dated 7/9/2014, the injured worker states she is having an increase in low back pain with radiation into the left lower extremity. Medications are helping her pain management. She rates her pain as 7/10, with 5/10 at its best and 8/10 at its worst. Her average pain in the last seven days is 5/10. She describes the pain as sharp, dull, aching and pressure like. The pain is aggravated by bending forward, bending backwards, and kneeling, stooping, climbing, and prolonged walking. She can walk for 20 minutes before having to stop because of her pain. With regard to functional limitations during the past month, she avoids going to work, physically exercising, performing household chores, participating in recreation, and doing yard-work or stopping because of her pain. On examination she ambulates without an assistive device with a normal gait pattern. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is no spinous process tenderness or masses palpable along the lumbar spine. There is positive lumbar facet loading maneuver bilaterally. There is positive straight leg raise test on the left in the seated and supine position to 45 degrees. Examination of the left knee reveals full range of motion. There is a well healed incision over the left knee consistent with history of arthroscopic surgery. There is no bony deformity, erythema, edema and crepitus. There is tenderness to palpation over the infrapatellar region. There is negative anterior drawer test, negative posterior Draser test, negative varus/valgus instability, and negative McMurray's test. There is palpable swelling in popliteal area of left knee, and mild tenderness to palpation. There is normal bulk and tone in all major muscle groups of the lower extremities. No atrophy is noted. Motor strength is 5/5 and symmetric throughout the bilateral lower extremities. There is diminished sensation in the left L4 and L5 dermatomes of the lower extremities. Reflexes are

symmetric at 1+4 in the bilateral upper and lower extremities. Diagnoses include 1) unspecified internal derangement of knee 2) thoracic or lumbosacral neuritis or radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloading knee brace for the left knee for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 40.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional 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. The injured worker reports knee pain, but there is no report of instability. Knee MRI is reported as showing focal medial meniscus defect from prior limited meniscectomy, small joint effusion, no ligament tendon, or articular pathology. Physical examination does not identify any instability of the left knee. The request for unloading knee brace for the left knee for purchase is determined to not be medically necessary.