

<b>Case Number:</b>	CM14-0138345		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

Patient is a 55 year-old female with date of injury 08/13/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014, lists subjective complaints as pain in the low back and left knee. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and increased tone of the paraspinal muscles with muscle spasms. There was demonstrable weakness in a myotomal pattern at L5 and decreased sensory deficit in L5-S1. Examination of the left knee revealed ecchymosis on anterior knee with mild edema and no joint laxity. There was tenderness to palpation about the lateral and medial joint lines and a negative McMurray's test. Diagnosis: 1. Lumbar sprain strain with radicular complaints. There was reference to an MRI of the lumbar spine performed on 11/13/13 noting a 2mm bulge at L5-S1 causing no significant neural foraminal narrowing or canal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar ESI at L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical exam shows little evidence of radiculopathy and there no imaging studies showing nerve root impingement. The request is not medically necessary.

**Left knee donjoy hinged brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The DonJoy Hinged Knee Brace is designed for mild to moderate medial-lateral control of the joint. In the MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There is no documentation of medial or lateral collateral ligament instability. The hinged knee brace is not medically necessary.