

Case Number:	CM14-0161235		
Date Assigned:	10/06/2014	Date of Injury:	04/29/2004
Decision Date:	11/13/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old female with date of injury of 04/29/2014. The listed diagnoses per 05/23/2014 are: 1. Cervical radiculopathy2. Cervical brachial syndrome3. Sciatica4. Lumbosacral strain5. Incision of the salivary gland or duct6. Rotator cuff syndrome, bursitis7. Internal derangement of the knee, not otherwise specified8. Chronic pain syndromeAccording to the 08/18/2014 report, the patient complains of ongoing pain in the bilateral shoulders and low back that radiates down the legs. She describes her pain as aching, cramping, sharp, shooting, stabbing, nagging, burning, severe, and throbbing. The patient rates her pain 9/10 at its worse and an average of 8/10. Her pain is constant lasting throughout the day. It is relieved by medicines and relaxation. Associated symptoms include numbness, tingling, weakness, bowel dysfunction, locking, spasms, and fatigue. The treater references a surgical history of right knee arthroscopy from 09/21/2012 as well as right ulnar nerve transposition and carpal tunnel release. The physical examination from the 05/23/2014 report showed positive crepitus with passive range of motion of the knee. Well-healed arthroscopic scars noted above the right knee. Tenderness along the medial aspects of the knees bilaterally with moderate laxity with varus and valgus stress. Sensory examination in the lower extremities revealed paresthesias in the lateral aspects of the legs bilaterally. Deep tendon reflexes are symmetric and pathologic at 2/4 in the biceps, triceps, brachioradialis, and patella bilaterally. Knee extension and flexion on the right is 3+/5 and 4-/5 on the left. McMurray's tests, patellar compression tests are positive bilaterally. The documents included are physical therapy progress report from 10/14/2013 and progress reports from 02/12/2014 to 08/18/2014. The utilization review denied the request on 09/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Leg chapter on knee braces

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 09/21/2012. The treater is requesting a right knee brace. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The criteria for prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructive ligament, articular defect repair, et cetera. The treater requested the right knee brace with metal stays on 08/18/2014. MRIs, xrays and operative reports of the right knee were not included in the file to determine whether or not this presents with any of the conditions that a knee brace is supported per guidelines. The treater does not provide the diagnoses for which a knee brace may be indicated. Medical necessity of the request cannot be established.