

<b>Case Number:</b>	CM14-0161887		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/30/1999
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 68 year old with an injury date on 8/30/99. Patient complains of weakness/clumsiness with use of upper extremities, continued low lumbar pain, and some weakness to his lower extremities per 9/4/14 report. Patient also reports that he has erectile dysfunction, and is currently taking Levoxyl, Flecaidine, and Celebrex per 9/4/14 report. Based on the 9/4/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbosacral disc degeneration 2. cervical spinal stenosis 3. lumbosacral neuritis NOS/radiculopathy 4. joint pain - left leg Exam on 9/4/14 showed "Full strength of bilateral upper extremities. Diminished sensation to plantar aspect of left foot." No range of motion testing for the knee was included in reports. Patient's treatment history includes cervical fusion, lumbar fusion, total hip left replacement and left great toe replacement, C5-6 ACDF and L4-sacrum posterior fusion. [REDACTED] is requesting decision for 1 knit knee sleeve. The utilization review determination being challenged is dated 9/15/14. [REDACTED] the requesting provider, and he provided treatment reports from 9/4/14 to 9/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 knit knee sleeve:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
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**Decision rationale:** This patient presents with upper extremity weakness, lower back pain, and some lower extremity weakness. The treater has asked for decision for 1 knit knee sleeve. There is no discussion as to why knee sleeve is being prescribed. Knee sleeves are not specifically discussed in any of the guidelines including MTUS, ACOEM and ODG. There is a discussion for knee bracing for which ACOEM recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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." ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the treater does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. Knee sleeves may be indicated if considered medically necessary supplies when used in conjunction with other knee orthosis per [REDACTED] discussion policy number 9. There are no guidelines support for the use of knee sleeves by itself. Recommendation is for denial.