

Case Number:	CM14-0172517		
Date Assigned:	10/23/2014	Date of Injury:	04/14/2002
Decision Date:	12/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/18/2014

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 Family 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:

This is a 57-year-old female patient who reported an industrial injury on for/14/2002, over 12 years ago, attributed to the performance of her usual and customary job tasks. The patient complained of persistent and increased neck pain radiating to the bilateral shoulders, left greater than right. The patient complained of increased low back pain with intermittent radiation to the left lower extremity. The pain was reportedly improved with the increased dose of morphine 30 mg b.i.d. the objective findings on examination included limited range of motion of the cervical spine; tenderness to palpation over the cervical paraspinal muscles, trapezius, levator scapula, and rhomboid musculature; lumbar spine with diminished range of motion; tenderness to palpation over the left sided lumbar paraspinal muscles; SLR positive on the left; atrophy noted to the right calf; diminished sensation in the right L4 and L5 along with the left L5 and S1 dermatomes; right knee with moderate tenderness to palpation, no effusion, full range of motion; collateral ligaments intact; negative anterior/posterior drawer. The diagnosis was displacement of lumbar intervertebral disc without myelopathy; unspecified site of ankle sprain; hip pain; disorder of bursa and tendons in the shoulder region; chronic pain syndrome. The treatment plan included an orthopedic consultation for the left shoulder and authorization for hinged knee brace for the left knee. The patient was prescribed MS Contin 30 mg #60 and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee hinged brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg/Knee brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter--knee brace

Decision rationale: The provider has not demonstrated the medical necessity of a hinged knee brace to the left knee with no documented objective findings consistent with knee instability. The examination documented no objective finding on examination and documented no instability to the knee. The patient is noted to have no instability on examination to support the medical necessity of a hinged knee brace. There is no demonstrated instability to the knee that would require bracing for the cited diagnoses. There is no demonstrated medical necessity for the prescribed knee brace and no supporting objective evidence documented by the requesting physician to demonstrate medical necessity or to override the recommendations of evidence-based guidelines. The clinical documentation provided does not provide a rationale to support the medical necessity of the prescribed knee brace for the effects of the industrial injury. The prescribed knee brace for subjective pain complaints is not demonstrated to be medically necessary when there is no swelling or demonstrated instability with full range of motion in extension and reported decreased flexion. The criteria recommended by the CA MTUS are not documented in the medical record to support the medical necessity of the requested hinged knee brace. The objective findings documented do not meet the criteria established or recommended by the CA MTUS. The objective findings documented were inconsistent with instability as no laxity was demonstrated. Therefore, the request for Left knee hinged brace purchase is not medically necessary and appropriate.