

<b>Case Number:</b>	CM14-0008724		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/13/1991
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 66 year old employee with date of injury of 5/13/91. Medical records indicate the patient is undergoing treatment for s/p bilateral S1 ESI with significant relief and improved range of motion (ROM). He is diagnosed with lumbar myoligamentous injury and bilateral lower extremity radiculopathy. Subjective complaints include increased pain in lower back which radiates to lower extremities. Pain is increased with bending, twisting and turning. He rates his pain as an 8/10. He had an epidural steroid injection on 7/8/13 which gave him 60% relief for four months. A second ESI was certified on 1/13/14. He has increased neck pain with cervicogenic headaches. He also has pain that radiates down to his upper extremities. Objective findings include tenderness to palpation bilaterally in the lumbar spine with increased muscle rigidity. The lumbar paraspinal muscles that have palpable trigger points. Lumbar spine ROM is decreased. Wartenberg pinprick wheel is decreased along the posterior lateral thigh and posterior lateral calf bilaterally in the L5-S1 distribution. His straight leg raise is positive in the modified sitting position bilaterally causing radicular symptoms. He has difficulty transitioning from a seated to a standing position and does ambulate with an antalgic gait. He ambulates with a cane. Treatment has consisted of Norco, Motrin, Lyrica, Baclofin, FexMid and a Don Joy knee sleeve used bilaterally. The utilization review determination was rendered on 1/13/14 recommending non-certification of a bilateral knee sleeve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL KNEE SLEEVE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ONLINE VERSION, KNEE & LEG CHAPTER

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

**Decision rationale:** ACOEM states" A 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." The patient is not diagnosed with patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The patient is not currently working and will not be stressing the knee by climbing or carrying a load. As such the request for bilateral knee sleeve is not medically necessary.