

Case Number:	CM14-0149585		
Date Assigned:	09/18/2014	Date of Injury:	11/08/2005
Decision Date:	02/28/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 8, 2005. In a Utilization Review Report August 5, 2014, the claims administrator failed to approve a request for a knee brace/knee sleeve. The claims administrator referenced an August 1, 2014 progress note in its determination. The claims administrator also noted that the applicant had undergone earlier knee surgery and earlier carpal tunnel release surgery. The claims administrator invoked non-MTUS ODG Guidelines, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a June 20, 2014 progress note, the applicant was asked to continue previously employed permanent work restrictions. The applicant did not appear to be working with said permanent limitations. The applicant reported multifocal complaints of wrist, hand, shoulder, neck, arm and knee pain with associated depression and anxiety. The applicant had apparently alleged pain secondary to cumulative trauma at work. The applicant reported persistent complaints of finger triggering. The applicant was reportedly ambulatory and was walking thrice weekly, the attending provider acknowledged. The applicant was using a lumbar support. The applicant exhibited diffuse tenderness in numerous areas. On June 20, 2014, the attending provider suggested that the applicant continue permanent work restrictions and employ a thumb spica brace for thumb paresthesias. Authorization was sought for trigger point injections. On August 1, 2014, the applicant was given a refill of Norco. The attending provider acknowledged that the applicant was not working. Persistent multifocal pain complaints were noted. A knee sleeve was sought via an RFA form dated August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene Knee sleeve left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 13, page 340 for the average applicant, a knee brace is usually unnecessary. Rather, a brace is typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, the applicant was/is off of work, the treating provider acknowledged. The applicant, thus, is unlikely to be stressing the knee under load by carrying ladders and/or climbing boxes. The attending provider likewise did not establish the presence of any significant gait derangement or gait imbalance which would compel provision of the brace. Therefore, the request for brace/knee sleeve was not medically necessary.

Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged on August 1, 2014. On that date, the attending provider likewise failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.