MAXIMUS Federal Services

Case Number:	CM14-0211985		
Date Assigned:	01/02/2015	Date of Injury:	01/13/2014
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 44-year-old man with a date of injury of January 13, 2014. The mechanism of injury occurred when the IW was a passenger in a company shuttle bus. He was sitting in the front seat of the bus and notes there were no seatbelts. The driver of the shuttle fell asleep and ran into a semi-truck. Upon impact, the IW was thrown forward, striking the left side of his head and face on the windshield. As the bus driver applied the brakes, the IW was thrown backwards into the bus, landing on the dashboard and striking the left side of his body. The injured worker's working diagnoses are cervical/trapezial musculoligamentous sprain/strain with 4 mm disc protrusion at C3-C4 with moderate stenosis, 4 to 5 mm disc bulge at C6-C7 with right neuroforaminal stenosis, 3 to 4 mm disc bulge at C4 through C6 with bilateral moderate neuroforaminal narrowing, per MRI dated June 3, 2014; bilateral carpal tunnel syndrome and positive EMG/NCV studies dated September 3, 2014; thoracolumbar musculoligamentous sprain/strain; left shoulder sprain/strain with positive diagnostic ultrasound study dated July 31, 2014 revealing tendinopathy of the supraspinatus and infraspinatus tendon; left knee sprain/strain and contusion, left medial and lateral posterior horn grade II signal and Plica syndrome per diagnostic ultrasound study dated October 30, 2014; right big toe fracture; cervicogenic headaches with sleep dysfunction; and sexual dysfunction. Pursuant to the progress report dated November 13, 2014, the IW complains of left medial knee pain and anterior greater than posterior knee pain with popping and weakness. He complains of worsening headaches. Examination of the left knee reveals increased weight on the right knee secondary to antalgic gait/stance. Tenderness to palpation is present over the medial and lateral knee joints. Crepitus is

present. Plica syndrome is present. McMurray's test is positive. Range of motion of the left knee is measured as follows: Flexion is 105 degrees and extension is -5 degrees. There is no left knee instability noted. The IW uses a single point cane. The treating physician is recommending a surgical consult regarding the left knee Plica syndrome. Current medications include Anaprox 550mg, and Gabapentin. The current request is for left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 left knee brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section, Knee Brace

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), prospective request one left knee brace is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the need under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces. There are two types: prefabricated knee brace and a custom fabricated me brace. In this case, the injured worker's diagnoses are left knee sprain/strain and contusion, left medial and lateral posterior horn great II signal and plica syndrome (diagnostic ultrasound study dated October 20, 2014); left shoulder sprain/strain with positive diagnostic ultrasound study; cervicogenic headaches, deferred to neurologist; and sexual dysfunction, defer. The most recent progress note is November 13, 2014 which contained the request for authorization for the knee brace. The injured worker's subjective complaints are "left medial pain and anterior greater than posterior knee pain with popping in weakness. Examination of the left reveals increased weight on the right knee secondary to antalgic gait. There is tenderness palpation over the medial and lateral knee joint. Crepitus is present. Plica is present. McMurray's test is positive." The body of the documentation for progress note does not contain any discussion or entry regarding knee brace. There is no knee brace discussed in the treatment plan. The knee brace appears on the request for authorization treatment sheet dated November 13 2014. There is no clinical rationale the medical records of the knee brace. Consequently, absent clinical documentation to support left knee brace along with the lack of documentation with the clinical indication or rationale, this request is not medically necessary.