

Case Number:	CM14-0214243		
Date Assigned:	01/07/2015	Date of Injury:	03/18/2005
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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
 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 patient is an injured worker with a history of cervicalgia, cervical radiculopathy, lumbar facet dysfunction, depression, bilateral shoulder pain, glenohumeral ligament laxity, and De Quervain's tenosynovitis. Date of injury was May 18, 2005. The pain management evaluation report dated 11/19/2014 documented that the patient continues to report headache, neck pain, shoulder pain, low back pain, and left knee pain. The patient is status post laminectomy on January 5, 2014. He states that his pain overall has improved in his lower back. Numbness and tingling is still in the left lower extremity. There are no new symptoms to report He states that medications are helping. The patient does report constipation. He denies having any diarrhea, upset stomach, fever, chest pain, or any recent emergency room visit. Physical examination was documented. The patient appeared to be in no acute distress. Straight leg raising, Patrick's, and facet loading tests were all noted to be positive. Sensation was noted to be decreased to light touch in the left lower extremity and left upper extremity diffusely. Strength testing was within normal limits. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular border, and lumbar paraspinal musculature, and bilateral shoulders. There was decreased range of motion of the shoulders. X-ray of the left knee showed no radiographic evidence of fracture dislocation. Diagnoses included cervicalgia, cervical radiculopathy, lumbar facet dysfunction, depression, bilateral shoulder pain, glenohumeral ligament laxity, and De Quervain's tenosynovitis. Treatment plan included a request for a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro hinged knee brace with 1/8 knee wrap around L1820NU for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Prophylactic braces are not recommended. The pain management evaluation report dated 11/19/2014 documented that the X-ray of the left knee showed no radiographic evidence of fracture or dislocation. No physical examination of the left knee was documented. No diagnosis pertaining to the left knee was documented. Because no physical examination of the knee is documented, the request for a left knee brace is not supported. Therefore, the request for hinged knee brace with 1/8 knee wrap around L1820NU for the left knee is not medically necessary.