

<b>Case Number:</b>	CM14-0218531		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 57-year-old male who reported an injury on 03/01/2004. The mechanism of injury was not stated. The current diagnoses include unspecified disc disorder in the cervical region, affection of the shoulder region, lesion of the ulnar nerve, carpal tunnel syndrome, depressive disorder, mixed disorder as a reaction to stress, unspecified internal derangement of the knee, sleep disturbance, abnormal weight gain, and headache. The injured worker presented on 08/04/2014 with complaints of persistent pain in the left knee with activity limitation. The current medication regimen includes duloxetine HCl 30 mg, Lidopro transdermal, Lyrica 100 mg, naproxen 550 mg, Prilosec 20 mg, and verapamil HCl 120 mg. Previous conservative treatment includes medication management and physical therapy. Upon examination, there was moderate guarding of the left lower extremity in increased external rotation. The injured worker utilized an ACL brace. There was slight effusion, slight restriction of the medial and lateral excursion, retropatellar popping, slightly positive compression test, ACL laxity with the PCL intact, and decreased sensation from the ankle distally on the right. The injured worker was instructed to continue with bracing and activity modification. An EMG/NCS of the left lower extremity was requested. A Request for Authorization form was then submitted on 08/08/2014 for an MRI of the cervical spine, a DonJoy brace, a neck pillow, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Defiance brace molded plastic, lower knee addition and upper knee addition:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The injured worker does not maintain any of the above mentioned diagnoses. There is no indication that this injured worker is going to be stressing the knee under load. There was no mention of an active rehabilitation program. The medical necessity for the requested durable medical equipment has not been established in this case.

**MRI of the neck without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Indications for imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. There was no documentation of a significant functional deficit with regard to the cervical spine. There is no mention of an attempt at recent conservative treatment for the cervical spine. There is also no mention of a significant change or progression of symptoms or examination findings to support the necessity for an additional MRI as the injured worker underwent an MRI of the cervical spine on 10/27/2014. Given the above, the request is not medically appropriate.