

<b>Case Number:</b>	CM15-0102807		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/23/2006
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New York, Tennessee Certification(s)/Specialty: Emergency 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 is a 62 year old female who sustained an industrial injury on 1/23/06 when she fell down four steps, landing on her buttocks with her left hand breaking her fall. She reports that due to repetitive work duties she developed pain in her bilateral wrists and hands. She had a slip and fall injury in 2003 injuring low back and bilateral knees. She currently complains of neck pain (6/10) with radiation down bilateral upper extremities to the fingers with numbness and tingling and muscle spasms in the neck; bilateral occipital headaches; low back pain (8/10) with radiation to the bilateral lower extremities with numbness and tingling and muscle spasms of the low back. He is having spasms and cyclobenzaprine is not beneficial; bilateral shoulder pain. He has insomnia associated with ongoing pain. Her activities of daily living are limited in the areas of self-care and hygiene, activity, ambulation, hand function, sleep and sex. On physical exam of the cervical spine there was spasm bilaterally and tenderness on palpation; lumbar spine revealed muscle spasms bilaterally and tenderness on palpation. Medications are cyclobenzaprine, Toradol, alprazolam, Ambien, omeprazole. Diagnoses include lumbar and cervical spine discopathy; cervical radiculopathy; lumbar disc displacement; lumbar radiculopathy; right shoulder pain. Treatments to date include bilateral transforaminal lumbar epidural steroid injection (9/16/14 4/22/15, 5/2/13) with benefit in function, pain and mobility. Diagnostics include MR arthrogram of the right knee (5/15/03) showing popliteal cyst and degeneration of the anterior and posterior horns of both medial and lateral menisci, joint effusion; MRI of the cervical spine (9/12/11, 7/24/06) with abnormalities; MRI right and left

shoulders (7/24/06) with abnormalities; MRI of the lumbar spine (5/15/03) with abnormalities. In the progress note dated 4/9/15 the treating provider's plan of care includes knee brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Walking aids.

**Decision rationale:** Walking aids are recommended as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. (There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis) decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Contralateral cane placement is the most efficacious for persons with knee osteoarthritis. In fact, no cane use may be preferable to ipsilateral cane usage as the latter resulted in the highest knee moments of force, a situation which may exacerbate pain and deformity. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. Bracing after anterior cruciate ligament reconstruction is expensive and is not proven to prevent injuries or influence outcomes. Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. In this case there is no documentation to support that the patient suffers from any of the indications for knee brace. Medical necessity has not been established. The request is not medically necessary.