

Case Number:	CM15-0111026		
Date Assigned:	06/17/2015	Date of Injury:	12/10/2008
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

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 58-year-old male, who sustained an industrial injury on 12/10/2008. Diagnoses include chronic lumbosacral strain, status-post instrumented fusion from L3 to L5, moderately severe degenerative disc disease L5-S1, small to moderate foraminal herniation at L5-S1 on the left (2012), chronic pain syndrome, status post right shoulder surgery, internal derangement of the right knee and sub acute right L5 radiculopathy. Treatment to date has included bracing, physical therapy, aquatic therapy, injections, a spinal cord stimulator implantation (trial) and surgical intervention (right shoulder and lumbar fusion). Per the Treating Physician's Progress Report dated 4/14/2015, the injured worker reported back and bilateral lower extremity complaints. Physical examination revealed an antalgic gait. She had difficulty standing on her toes and heels on the right side. Lumbar range of motion was approximately 25% in all planes. There was tenderness over the lumbar midline from L3 to the sacrum and over the right buttock to palpation. The plan of care included diagnostic imaging and follow up care. Authorization was requested for a Bauerfeind-sheilds brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bauerfeind-shields brace right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Knee and Leg, Brace.

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

Decision rationale: The claimant has a remote history of a work injury occurring in December 2008 and continues to be treated for right knee pain. Case notes reference that, when seen, there was an antalgic gait. There was decreased range of motion with a joint effusion and crepitus and guarding. There was medial joint line tenderness and findings of popping, clicking, and instability. Prior treatments had included multiple right as well as left knee surgeries. A knee brace can be recommended when there is severe instability as demonstrated by physical examination or after a failed knee replacement. A knee brace can increase confidence, which may indirectly help with the healing process. In this case, knee instability is documented and the claimant has had multiple knee surgeries. The requested brace was medically necessary.