

<b>Case Number:</b>	CM15-0119687		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 29 year old male, who sustained an industrial injury on 12/20/13. The injured worker has complaints of burning, radicular neck pain and muscle spasms, greater on the right/left side, associated with numbness and tingling of the bilateral upper extremities. The injured worker has left shoulder pain radiating down the arm to the fingers; burning, radicular mid back pain and burning, radicular low back pain associated with numbness and tingling of the bilateral lower extremities. The documentation noted that the injured worker has complaints of burning bilateral knee pain. Cervical spine examination revealed decreased range of motion and tenderness to palpation at the suboccipital region and over both trapezius muscles. Left shoulder examination revealed tenderness to palpation at the acromioclavicular (AC) joint, subacromial space, levator scapula, supraspinatus and trapezius muscles. Thoracic spine examination revealed palpable tenderness is noted over the spinous process T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11 and T12 and tenderness to palpation at the rhomboids and trapezius muscles. Lumbar spine examination revealed palpable tenderness at the lumbar paraspinal muscles, lumbosacral junction and sciatic notch and tenderness to palpation at the quadratus lumborum and over the spinous processes L1-13. The documentation noted positive straight leg raise on left and right. Bilateral knee examination revealed that there is tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint, bilaterally. The diagnoses have included cervicalgia; rule out cervical spine herniated nucleus pulposus (HNP) ; left shoulder sprain/strain rule out internal derangement; thoracic spine pain; thoracic spine sprain/strain rule out herniated nucleus pulposus (HNP) ; low back pain; lumbar spine sprain/strain rule out herniated nucleus pulposus (HNP) ; rule out lumbar radiculopathy

and bilateral knee sprain/strain rule out internal derangement. Treatment to date has included medications; shockwave therapy; acupuncture; magnetic resonance imaging (MRI) of the lumbar spine on 2/19/15 showed disc desiccation at OL5-S1 (sacroiliac), straightening of the lumbar lordotic curvature, this may reflex an element of myospasm, L5-S1 (sacroiliac) broad-based disc herniation causing spinal stenosis and bilateral neural foraminal narrowing, disc measurement 4.3 millimeter; magnetic resonance imaging (MRI) of the thoracic spine on 2/19/15 showed straightening of the normal thoracic kyphotic curvature; magnetic resonance imaging (MRI) of the left knee on 2/19/15 showed flat acromion, supraspinatus tendinosis and magnetic resonance imaging (MRI) of the right knee on 2/19/15 showed medial meniscus, linear increased signal in the posterior horn of the meniscus which likely reflects internal degeneration. The request was for sleeves times one for the bilateral knees.

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

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

**1 sleeves for the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**Decision rationale:** The ACOEM chapter on knee complaints, in table 13-3 only recommends knee braces/sleeves in the treatment of collateral ligament strains, meniscus tear and cruciate ligament tears. The patient only has the diagnosis of meniscal tear on the right. Therefore, bilateral knee sleeves are not medically necessary.