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| Case Number: | CM15-0124162 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 06/28/2013 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/27/2015 |

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 40 year old female, who sustained an industrial injury on 06/28/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical degenerative disc disease, lumbar degenerative disc disease, clinically consistent cervical radiculopathy, left shoulder rotator cuff tear, left shoulder rotator cuff tendinitis, and right knee pain. Treatment and diagnostic studies to date has included home exercise program, medication regimen, magnetic resonance imaging four the lumbar spine, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the left shoulder. In a progress note dated 11/18/2014 the treating physician reports complaints of persistent pain to the neck, low back, left shoulder, and right knee. Examination reveals anxiety and depression, spasms to left shoulder musculature, tenderness to the anterior left shoulder, decreased range of motion to the left shoulder with pain, tenderness to the right knee, decreased strength to the right knee, and slightly decreased range of motion to the right knee. The injured worker's pain level is rated a 5 out of 10 to the right knee, a 4 out of 10 to the left shoulder, and a 7 out of 10 to the neck. The treating physician requested Custom Neoprene knee orthosis to assist with mobility and pain to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Neoprene KO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 05/05/15) - Online Version.

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

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does have the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee sleeves are only recommended as a treatment option for patellofemoral syndrome. Therefore the request does not meet guideline recommendations and is not certified. Therefore, the requested treatment is not medically necessary.