Case Number:	CM15-0144864		
Date Assigned:	08/05/2015	Date of Injury:	09/14/2012
Decision Date:	10/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 69-year-old female who sustained an industrial injury on 9-14-12. Her initial complaint was of pain in the low back and "throughout the right leg", including the right knee and ankle. The injury was sustained as the result of a fall. She self-medicated with over-the-counter medications, which was noted to help relieve her symptoms, but was referred to an occupational health provider. X-rays of her low back, right knee, and right ankle were taken with "normal results." She was provided ice packs and Ibuprofen for pain. Approximately one week after the fall, she sought treatment from a chiropractor, as she had ongoing pain. She was evaluated and began chiropractic treatment and physical therapy. This was noted to improve her symptoms. According to the 5-18-15 Internal Medicine report, a provider examined her in "early 2013." X-rays were obtained, medications prescribed, and she was provided with a heating pad and right knee brace, as well as a cane. The report indicates that she has undergone MRI studies and electro diagnostic studies of bilateral lower extremities. On 6-30-14, physical therapy, again, was recommended. She was noted to have developed acid reflux, abdominal pain, nausea, constipation, which she attributed to her medications. She also developed depression, anxiety, and sleep problems, which she attributed to stress. She was followed by internal medicine for the developed symptoms. The Primary Treating Physician's Supplemental Report, dated 6-26- 15, indicates that the occupational health provider diagnosed her on 9-14-12, with contusion of the right knee and lumbar strain. The chiropractor added right knee derangement on 9-19-12.
On 2-7-13, an orthopedic surgeon evaluated her and x-rays were obtained. Her diagnoses included lumbar degenerative disc disease and degenerative joint disease at L3-4, L4-5, and L5-

S1, right knee medial meniscus tear - posterior peripheral and oblique, right ankle sprain and strain, anxiety, and insomnia. Electro diagnostic studies and physical therapy were ordered. She was placed on Tramadol, Prilosec, and Xanax, Naproxen, and Ketoprofen-Gabapentin-Tramadol topical creams. On 3-21-13, an orthopedic re-evaluation indicated that her shoulders were "very deformed" due to a congenital abnormality. In addition to the above noted diagnoses, she was diagnosed with rapidly progressing right L5-S1 radiculopathy with severe weakness in the right lower extremity and bilateral congenital shoulder muscular deformities - non-industrial. She was noted to require a rolling walker or a cane for walking. Flexeril was added to her medications. A spine surgeon evaluated her on 5-10-13. An x-ray revealed thoracolumbar scoliosis, as well as moderate to severe degenerative disc disease from L4-S1. Epidural injections from L4-S1 were recommended. She was referred to pain management, where diagnoses of lumbosacral sprain and strain, lumbar radiculopathy, right knee tendinosis, and right elbow tendinosis were added. The 6-23-15 PR-2 indicates that the injured worker presented with abdominal pain, acid reflux, difficulty with sleep quality and "musculoskeletal complaints". The treatment recommendation indicated that several diagnostic studies, including an MRI of bilateral knees were pending. An orthopedic consultation was recommended and her "supplies" included a knee brace. Documentation for the requested equipment of "neoprene sleeve for the left knee and hinged brace for the right knee" is not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene sleeve, left knee, QTY: 1: 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 Knee brace. http://www.odg-twc.com/index.html, “Insert Topic (for example Total Knee Arthroplasty).”

Decision rationale: According to ODG guidelines, Knee brace is Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. 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. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb, b. Varus [bow-legged] limb, c. Tibial varum, d. Disproportionate thigh and calf (e.g., large thigh and small calf), e. Minimal muscle mass on

which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin, b. Thin skin with risk of breakdown (e.g., chronic steroid use), 3. Severe osteoarthritis (grade III or IV), 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), 5. Severe instability as noted on physical examination of knee There is no clear and recent documentation of knee instability or ligament damage avascular necrosis or any other indication for knee brace. Therefore, the request for Neoprene sleeve, left knee is not medically necessary.

Hinged brace, right knee, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace. http://www.odg-twc.com/index.html, "Insert Topic (for example Total Knee Arthroplasty)."

Decision rationale: According to ODG guidelines, Knee brace is Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. There is no clear and recent documentation of knee instability or ligament damage avascular necrosis or any other indication for knee brace. Therefore, the request for hinged brace, right knee, QTY: 1 is not medically necessary.