

Case Number:	CM15-0163065		
Date Assigned:	09/23/2015	Date of Injury:	07/13/2001
Decision Date:	11/03/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female who sustained an industrial injury on 7-13-01. She is permanently disabled. Diagnoses included internal derangement of the knee; lumbar spine neuritis or radiculitis; knee sprain; sprain-strain lumbar region. She currently (6-16-15) complains of persistent low back pain radiating down the legs into the feet; right elbow pain with numbness; headaches due to poor sleep due to pain. Her pain level is 7-9 out of 10. She can stand for 5-10 minutes, sit for 10-15 minutes and walk for 5-10 minutes. She has some difficulty with bathing, cleaning, cooking and dressing. She has difficulty with flare ups of muscle spasm and pain. She uses a cane for ambulation. She fell on 9-27-14 and 3-3-15 and re-injured her back landing onto her knees and right elbow. She had previously had a right ulnar nerve transposition of the right elbow. On physical exam of bilateral knees there was warmth noted anteriorly, crepitus with passive range of motion; tenderness to palpation in the lumbar quadratus gluteal medius and peritrochanteric region bilaterally and medial joint line; trigger points palpated in the gluteus maximus, medius and quadratus lumborum bilaterally. There was limited range of motion of the spine for flexion and extension 50% of normal, decreased sensation to light touch in medial legs bilaterally. She had a positive sacroiliac joint compression test, positive McMurray's test and patellar compression test bilaterally, positive Slump test on the right. Treatments to date included physical therapy with 60-80% relief; medications: amitriptyline, carisoprodol, gabapentin, hydrocodone-acetaminophen. In the progress note dated 6-16-15 the treating provider's plan of care included requests for bilateral knee PTO-lateral stabilizer brace; spinal Q brace. The request for authorization was for bilateral knee PTO-lateral stabilizer brace;

spinal Q brace and was dated 8-3-15. On 8-6-15 Utilization Review evaluated and non-certified the requests for bilateral knee PRO-lateral stabilizer brace for purchase as MTUS recommendation is for use only if the knee is going to be stress under load such as climbing ladders or carrying boxes; spinal Q brace based on MTUS recommended use only during acute phase of symptom relief and have been shown to have no lasting benefit in the chronic phase in which this injured worker is in.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee PTO/Lateral stabilizer brace, purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The patient presents with low back pain radiating down to the legs into the feet, right elbow pain with numbness, and knee pain. The request is for RIGHT KNEE PTO/LATERAL STABILIZER BRACE, PURCHASE. The request for authorization is dated 08/03/15. Physical examination reveals warmth noted over both knees anteriorly. Crepitus noted with passive range of motion of both knees. Tenderness to palpation in the lumbar quadratus gluteus medius and peritrochanteric regions bilaterally and medial joint line bilaterally. Trigger points palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. Lumbar spine range of motion limited due to pain flexion and extension 50% of normal. Decreased sensation to light touch noted in medial legs bilaterally. Positive SI joint compression test. McMurray's and Patellar compression tests are positive bilaterally. Slump test positive on the right. She uses a single point cane to walk. Patient's medications include Amitriptyline, Carisoprodol, Gabapentin, and Hydrocodone-APAP. Per progress report dated 06/16/15, the patient is permanently disabled. ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartamental OA, or tibial plateau fracture. Treater does not discuss the request. In this case, patient's diagnosis includes internal derangement of knee and knee strain. Physical examination reveals tenderness to palpation of the medial joint line bilaterally. McMurray's and Patellar compression tests are positive bilaterally. Given the patient's diagnosis, physical examination findings, use of cane to walk, and continual knee pain, the request for right knee PTO brace appears reasonable. Therefore, the request IS medically necessary.

Spinal Q brace, purchase, lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter under IntelliSkin posture garments and Other Medical Treatment Guidelines posturebraceguide.com/product-review-of-the-alignmed-posture-shirt.

Decision rationale: The patient presents with low back pain radiating down to the legs into the feet, right elbow pain with numbness, and knee pain. The request is for SPINAL Q BRACE, PURCHASE, LUMBAR AND/OR SACRAL VERTEBRAE. The request for authorization is dated 08/03/15. Physical examination reveals warmth noted over both knees anteriorly. Crepitus noted with passive range of motion of both knees. Tenderness to palpation in the lumbar quadratus gluteus medius and peritrochanteric regions bilaterally and medial joint line bilaterally. Trigger points palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. Lumbar spine range of motion limited due to pain flexion and extension 50% of normal. Decreased sensation to light touch noted in medial legs bilaterally. Positive SI joint compression test. McMurray's and Patellar compression tests are positive bilaterally. Slump test positive on the right. She uses a single point cane to walk. Patient's medications include Amitriptyline, Carisoprodol, Gabapentin, and Hydrocodone-APAP. Per progress report dated 06/16/15, the patient is permanently disabled. According to posturebraceguide.com/product-review-of-the-alignmed-posture-shirt, "The posture shirt is created from material (77% polyester, 23% spandex) and provides the added benefit of posture assistant by incorporating a patented posture correcting system into the shirt while making them 4-inch longer than a standard compression shirt." The ACOEM and MTUS Guidelines do not discuss posture shirts. ODG Guidelines, Lumbar Chapter under IntelliSkin posture garments (which are similar to the spinal Q posture shirt) states: "Not recommended as a treatment for back pain. IntelliSkin posture garments conform to the back and shoulder as a second skin, intended to gradually reshape these areas for improved posture, athletic performance, and less back pain, according to marketing materials. There are no quality published studies to support these claims." Treater does not discuss the request. In this case, patient continues with low back pain radiating down to the legs into the feet. Physical examination reveals tenderness to palpation in the lumbar quadratus, trigger points palpated in the quadratus lumborum bilaterally, range of motion limited due to pain, and positive SI joint compression and slump tests. However, posture garments are currently not supported by any medical guidelines. ODG Guidelines specifically do not support IntelliSkin posture garments for the lumbar spine, as no high quality studies have supported the manufacturer's claims. Therefore, the request IS NOT medically necessary.