

<b>Case Number:</b>	CM15-0171608		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 a 48 year old male, who sustained an industrial injury on July 3, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having headache, cervical disc protrusion, cervical myospasm, cervical radiculopathy, cervical sprain and strain, lumbar disc protrusion, lumbar muscle spasm, lumbar sprain and strain, right shoulder bursitis, right shoulder impingement syndrome, right shoulder tenosynovitis, right forearm myospasm, status post surgery right forearm, right knee chondromalacia and right knee internal derangement. Treatment to date has included diagnostic studies and medication. On August 20, 2015, the injured worker complained of neck, low back, right shoulder, right forearm and right knee pain. His right forearm pain was noted to increase with reaching, lifting, carrying, pulling and pushing. He rated this pain as an 8 on a 1-10 pain scale. His right knee pain was noted to increase with prolonged walking or standing, flexing and extending the knee, ascending or descending stairs, squatting and stopping. There was also an episode of giving way. This pain was rated as an 8-10 on a 1-10 pain scale. The treatment plan included physical therapy two times a week for three weeks, three visits of extracorporeal shockwave therapy for right shoulder, one month at home transcutaneous electrical nerve stimulation unit trial, medications and a follow-up visit. A request was made for a right elbow brace and a right knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow brace:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, under Splinting.

**Decision rationale:** The current request is for Right elbow brace. The RFA is dated 08/13/15. Treatment to date has included physical therapy, diagnostic studies and medication. The patient is not working. ODG guidelines, under the elbow chapter, regarding Splinting, states the following: Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. Per report 06/05/15, the patient complained of neck, low back, right shoulder, right forearm and right knee pain. His right forearm pain was noted to increase with reaching, lifting, carrying, pulling and pushing. He rated this pain as an 8 on a 1-10 pain scale. His right knee pain was noted to increase with prolonged walking or standing, flexing and extending the knee, ascending or descending stairs, squatting and stopping. There was also an episode of giving way. This pain was rated as an 8-10 on a 1-10 pain scale. The dates of the patient's previous knee and elbow surgery are not provided; however, it appears to be prior to 2015. The request is for a right elbow brace. There is no rationale for the request. The patient has a diagnosis of right forearm myospasm. In this case, there is no indication of ulnar nerve entrapment to warrant splinting or a brace for the elbow. Therefore, this request is not medically necessary.

**Right knee brace:** Overturned

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

**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 current request is for Right knee brace. The RFA is dated 08/13/15. Treatment to date has included physical therapy, diagnostic studies and medication. The patient is not working. 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 unicompartmental OA, or tibial plateau fracture. Per report 06/05/15, the patient complained of neck, low back, right shoulder, right forearm and right knee pain. His right forearm pain was noted to increase with reaching, lifting, carrying, pulling and pushing. He rated this pain as an 8 on a 1-10 pain scale. His right knee pain was noted to increase with prolonged walking or standing, flexing and extending the knee, ascending or descending stairs, squatting and stopping. There was also an episode of giving way. This pain was rated as an 8-10 on a 1-10 pain scale. The dates of the patient's previous knee and elbow surgery are not provided; however, it appears to be prior to 2015. The request is for a knee brace. There is no rationale for the request. The patient has listed diagnoses of right knee chondromalacia and internal derangement and reports episode of giving way. In this case, the

patient is status post right knee surgery, and continues with pain and instability of the right knee and a knee brace may be considered as a conservative option. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.