

Case Number:	CM15-0176339		
Date Assigned:	09/17/2015	Date of Injury:	01/01/2004
Decision Date:	10/23/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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 53 year old female who sustained an industrial injury on 1-1-04. She had complaints of right knee and lower back pain. Progress report dated 8-5-15 reports continued constant pain in her back and knees. The average pain is rated 7 out of 10. The injured worker denies having a knee support brace currently but states she has benefited from one in the past. The low back pain is mostly left sided and spreads down her legs to the feet and both legs. The pain bothers her during sleep and she has difficulty kneeling due to the pain. She reports a lot of tightness in the back and legs. She is working full time and is able to do so with medications. Diagnoses include: pain in shoulder joint, lumbar disc displacement without myelopathy, and neck pain. Plan of care includes: continue medication management, semi quantitative urine screen administered result will be in next report, request medications; gabapentin, nabumetone, and Tramadol, request right knee support brace, she is status post right knee arthroscopic surgery done on 11-12-14 and again on 7-12-05 and status post cortisone and synvisc injections of her right knee without benefit. She was diagnosed with chronic sub-acute lumbar inter-vertebral disc syndrome with radiculopathy. Chiropractic therapy and physical therapy had minimal benefit. Trial of acupuncture was discussed for back and knee 6 sessions were approved. Work status: permanent and stationary working full time with permanent work restrictions no climbing, walking on uneven terrain, squatting, kneeling, crouching, crawling, pivoting and other comparable physical effort, no heavy lifting, no repetitive above shoulder work and no repetitive neck movements. Follow up in 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee support brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the off the shelf type. Submitted reports have not adequately demonstrated the indication or clinical findings to support this knee brace. The Right knee support brace is not medically necessary and appropriate.