

Case Number:	CM15-0178473		
Date Assigned:	09/18/2015	Date of Injury:	09/17/2014
Decision Date:	10/22/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 32 year old male who sustained an industrial injury on 9-17-14. The injured worker reported pain in the lower back and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar sprain-strain and sprains and strains of wrist. Medical records dated 8-31-15 indicate the injured worker "continues to have pain in his cervical spine as well as headaches." Provider documentation dated 8-31-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, Naproxen Sodium since at least November of 2014, Hydrocodone since at least February of 2015 and a lumbar spine magnetic resonance imaging. Objective findings dated 8-31-15 were notable for left hand tenderness, tenderness to palpation to the paraspinal muscles with restricted range of motion, knees with joint line tenderness noted on the right. The original utilization review (9- 9-15) denied a request for 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 knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - p. 346 - 347.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The requested Right knee brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: 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. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The injured worker has pain in the lower back and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar sprain- strain and sprains and strains of wrist. Medical records dated 8-31-15 indicate the injured worker "continues to have pain in his cervical spine as well as headaches." Provider documentation dated 8-31-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, Naproxen Sodium since at least November of 2014, Hydrocodone since at least February of 2015 and a lumbar spine magnetic resonance imaging. Objective findings dated 8-31-15 were notable for left hand tenderness, tenderness to palpation to the paraspinal muscles with restricted range of motion, knees with joint line tenderness noted on the right. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Right knee brace is not medically necessary.