

Case Number:	CM15-0092760		
Date Assigned:	05/19/2015	Date of Injury:	05/27/2008
Decision Date:	06/19/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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 62 year old male who sustained an industrial injury on May 27, 2008. He has reported injury to the left knee, right hip, pelvis, and low back and has been diagnosed with discogenic lumbar condition with facet inflammation and MRI showing multilevel disc disease. Nerve studies at one point showed at L5 radiculopathy. There was hip joint inflammation with a negative MRI on the left. There is internal derangement of the knee on the left with MRI showing chondral lesion, status post cortisone injection and a series of Hyalgan injection. Related to chronic pain, the injured workers had some element of depression, anxiety, and sleep issues and had lost some weight. Treatment included bracing, TENS unit, medical imaging, medications, physical therapy, and modified work duty. Objective findings noted stable vital signs. There was tenderness along the lumbar spine. Flexion is at 60 degrees, extension is at 20 degrees, and tilting is at 10 degrees. There was tenderness along the knee with grade 5-/5 strength to resisted function but good motion. The treatment request included a defiance brace molded plastic, lower knee addition and upper knee addition with stimulators conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic, lower knee addition and upper knee addition for the left knee, #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The requested Defiance brace molded plastic, lower knee addition and upper knee addition for the left knee, #1, 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 treating physician has documented tenderness along the lumbar spine. Flexion is at 60 degrees, extension is at 20 degrees, and tilting is at 10 degrees. There was tenderness along the knee with grade 5-/5 strength to resisted function but good motion. 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, Defiance brace molded plastic, lower knee addition and upper knee addition for the left knee, #1, is not medically necessary.

Durable medical equipment (DME) stimulators conductive garment, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested Durable medical equipment (DME) stimulators conductive garment, #1, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to

diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The treating physician has documented tenderness along the lumbar spine. Flexion is at 60 degrees, extension is at 20 degrees, and tilting is at 10 degrees. There was tenderness along the knee with grade 5-/5 strength to resisted function but good motion. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Durable medical equipment (DME) stimulators conductive garment, #1, is not medically necessary.