

Case Number:	CM15-0097582		
Date Assigned:	05/28/2015	Date of Injury:	05/26/2012
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 30-year-old female, who sustained an industrial injury on 5/26/12. The injured worker was diagnosed as having cervical musculoligamentous strain/sprain, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain, lumbar spine disc herniation with radiculopathy, lumbar spinal foraminal stenosis, bilateral knee strain/sprain, possible left knee meniscal tear, and status post right knee arthroscopy on 6/6/13 with residuals. Treatment to date has included right knee surgery on 6/6/13, epidural injections, and medication. Currently, the injured worker complains of pain in the neck, back, and right knee pain radiating down bilateral lower extremities. The treating physician requested authorization for a hinged knee brace, lumbosacral brace, and a follow up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KNEE BRACE, Page 340 Activity Alteration. Knee Complaints Page(s): 340.

Decision rationale: MTUS guidelines states, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Regarding this patient's case, there is no documentation that she will be stressing the knee under load. Likewise, this request for a knee brace is not considered medically necessary.

Lumbosacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Complaints, Page 301 Page(s): Low Back Pain Complaints, Page 301.

Decision rationale: California MTUS guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient is not in the acute phase of a back injury. Likewise, this request for a lumbosacral brace support is not considered medically necessary.

Follow up evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Follow up visits Page(s): 405.

Decision rationale: California MTUS guidelines states regarding follow up visits, "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, a midlevel practitioner can follow patients with stress-related complaints every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." Follow up evaluations to reassess a patient's condition and the effect of the treatment plan that has been previously initiated is a basic tenant of treatment in outpatient medicine. I do not see a reason to

deny this patient a follow up visit with her physician. Likewise, this request for a follow up visit is considered medically necessary.