

Case Number:	CM15-0097683		
Date Assigned:	05/28/2015	Date of Injury:	04/01/2004
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 51 year old man sustained an industrial injury on 4/1/2004. Evaluations include undated shoulder MRI and x-rays, left knee MRI performed in 2008, left knee x-rays dated 2012 and 2014, lumbosacral MRI dated 2012, electromyogram, neck MRI dated 4/2012, nerve studies of the bilateral upper extremities dated 4/2012, cervical spine MRI in 2012-2013. Diagnoses include lumbar discogenic condition, cervical discogenic condition, internal derangement of the left knee, trigger fracture of the left heel, depression, and right shoulder impingement syndrome. Treatment has included oral medications, knee injection, trigger point injection, left knee injection, neck pillow, neck traction kit, activity modification, and use of a cane. Physician notes dated 4/17/23015 show complaints of neck, low back, left knee, and right arm/shoulder pain. Recommendations include TENS unit with garment, DonJoy knee brace, hot and cold wrap, laboratory testing, urine drug screen, repeat MRI of the lumbar spine, nerve study of the bilateral lower extremities, chiropractic treatment, fluoroscopic evaluation of the right shoulder, fluoroscopic evaluation of the neck, Naproxen, Effexor, Flexeril, Protonix, Tramadol ER, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance knee brace molded plastic purchase: 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), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The injured worker sustained a work related injury on 4/1/2004. The medical records provided indicate the diagnosis of lumbar discogenic condition, cervical discogenic condition, and internal derangement of the left knee, trigger fracture of the left heel, depression, and right shoulder impingement syndrome. Treatment has included oral medications, knee injection, and trigger point injection, left knee injection, neck pillow, neck traction kit, activity modification, and use of a cane. The medical records provided for review do not indicate a medical necessity for Defiance knee brace molded plastic. Defiance knee brace is a custom knee brace. The MTUS is silent on knee braces, but the official Disability Guidelines recommends custom knee braces in conditions where prefabricated knee braces are not allowed. Such conditions include: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb. c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf). e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. There is no documented evidence suggesting the injured worker has the above listed conditions. Although the injured worker knee instability due to Laxity of the ACL, there was no documentation of severe knee instability. Therefore, this request is not medically necessary.