

Case Number:	CM13-0023576		
Date Assigned:	07/11/2014	Date of Injury:	12/07/2009
Decision Date:	09/22/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 58 year old female with a date of injury on 12/7/2009. Diagnoses include right carpal tunnel release, right ulnar neuritis, right knee internal derangement, and right ankle sprain. Subjective complaints are of pain and numbness in the left and right hand. Patient also complains of right knee pain and right ankle pain. Physical exam shows patient is ambulatory with a cane. There is tenderness over the medial and lateral joint lines of the right knee, with audible and palpable patellofemoral crepitus. There is a positive Apley's compression test. No instability was documented. The right ankle had no laxity or instability. Prior treatment has included medications and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE HINGED KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, BRACES.

Decision rationale: The ACOEM guidelines indicate a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional 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. The ODG states there are no high quality studies that support the benefits of knee braces. This patient does not have documented instability on objective exam. Therefore, the medical necessity of a knee brace is not established.

PURCHASE ANKLE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ANKLE, ANKLE SUPPORTS.

Decision rationale: ACOEM guidelines indicate that braces can be used for acute injuries, but does not recommend prolonged supports or bracing. The ODG only recommends ankle supports/braces for acute ankle sprains. For this patient, there is no evidence of an acute injury or any chronic instability of the ankle joint. Therefore, the medical necessity of an ankle brace is not established.

PURCHASE X-FORCE STIMULATOR UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

Decision rationale: The California MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to a program of evidence-based functional restoration, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, the type and extent of active therapy in conjunction with TENS has not been noted. Furthermore, a one month trial of documented outcomes is not present in the submitted documentation. Therefore, the medical necessity for the purchase of an X-force stimulator unit is not established at this time.

PURCHASE X HINGES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, BRACES.

Decision rationale: The ACOEM guidelines indicate a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional 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. The ODG states there are no high quality studies that support the benefits of knee braces. This patient does not have documented instability on objective exam. Therefore, the medical necessity of a knee brace is not established.