

Case Number:	CM13-0017291		
Date Assigned:	06/06/2014	Date of Injury:	03/14/2011
Decision Date:	07/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/27/2013

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 Internal Medicine and is licensed to practice in California. 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:

The injured worker is a 54 year old male whose date of injury is 03/14/11. On this date he slipped and fell several feet off a ladder. He is status post anterior cruciate ligament (ACL) reconstruction on 07/13/11 as well as right knee medial meniscectomy. Electrodiagnostic (EMG/NCV) dated 05/08/13 indicates the study is normal. Lumbar MRI dated 05/06/13 revealed discogenic changes, minor bulge and annular fissure, minor facet hypertrophy and epidural lipomatosis L5-S1, mild to moderate neural foraminal narrowing. There are lesser discogenic changes, tiny fissure L4-5 with no mass effect or stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT BRACE FOR THE LUMBAR SPINE: 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) Low Back Chapter, Lumbar supports.

Decision rationale: The Official Disability Guidelines note that lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were

not effective in preventing neck and back pain. In this case, there is no documentation of instability, spondylolisthesis or compression fracture. Therefore, the request for a lumbar support brace for the lumbar spine is not medically necessary and appropriate.

KNEE SUPPORT BRACE FOR THE RIGHT KNEE: 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 and Leg Chapter.

Decision rationale: There is no documentation that the injured worker presents with a condition for which the Official Disability Guidelines would support a knee brace. Additionally, there is no documentation that the injured worker has undergone recent surgical intervention. Furthermore, there are no recent imaging studies/radiographic reports submitted for review. Therefore, the request for knee support brace for the right knee is not medically necessary and appropriate.