MAXIMUS Federal Services

Case Number:	CM13-0024495		
Date Assigned:	11/20/2013	Date of Injury:	06/24/2009
Decision Date:	01/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology, 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 physician 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:

This 56 year old female suffered a crane injury on 6/24/09, and has reported chronic right knee and chronic lower back pain since that date. She has had two unspecified knee procedures - the first in 2001, and the second in 2004. Therapies other than surgery have included physical therapy, medications and corticosteroid injections. Lumbar spine radiographs performed in 2012 showed lumbar spine degenerative disc disease. There are no formal radiographic reports of the knee included. The medical records document decreased range of motion of the lumbar spine, positive straight leg raise and Faber's test on the left, decreased range of motion of the right knee (flexion). Her diagnoses include right knee osteoarthritis, and lumbar spine degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 340.

Decision rationale: The patient has reported chronic knee pain for at least four years duration. She has been diagnosed with knee osteoarthritis, and treatment has included knee surgeries, physical therapy, and medications. Per the MTUS guidelines, a knee brace is not recommended for the treatment of knee osteoarthritis. The guidelines state that a brace may be used for the following diagnoses, although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. A knee brace is therefore not indicated as medically necessary.

purchase of a lumbosacral orthosis back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back pain Page(s): 300-301.

Decision rationale: This patient has chronic back pain that has been treated with medications, physical therapy, and corticosteroid injections with minimal improvement in symptoms. Per the MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms, and are not indicated in the treatment of chronic back pain. A back brace support is therefore not indicated as medically necessary.