

Case Number:	CM13-0025506		
Date Assigned:	11/20/2013	Date of Injury:	09/07/2002
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 59-year-old male who reported an injury on 09/07/2002. The mechanism of injury was stated to be the patient was in an altercation with a coworker where the patient was hit in the legs with jumper cables. The patient was noted to have an antalgic gait and posture. The patient was noted to have tenderness to palpation with muscle guarding over the paravertebral musculature, lumbosacral junction, left sacroiliac joint and left gluteal musculature. The patient was noted to use a cane to assist with ambulation. The diagnoses were noted to include lumbar musculoligamentous sprain/strain and left sacroiliac sprain secondary to gait, and postoperative bilateral knees unchanged, not re-evaluated. The request was made for a replacement of bilateral hinged knee braces and replacement of lumbar support orthotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of bilateral hinged knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The ACOEM Guidelines indicate that that "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." The clinical documentation submitted for review indicated the patient would be using the hinged knee braces for support with activities of daily living. It failed to provide the patient was going to be stressing the knee under a load such as climbing ladders or carrying boxes. Additionally, it failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for replacement of bilateral hinged knee braces is not medically necessary.

Replacement of lumbar support orthotic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The ACOEM Guidelines support the use of a corset for prevention of low back pain in an occupational setting. The clinical documentation submitted for review indicated the patient had a worn lumbar support orthotic. It failed to provide the patient would be using it in an occupational setting. Additionally, it failed to provide exceptional factors to warrant nonadherence to guideline recommendations as it was stated the brace was to replace a worn out brace. Given the above, the request for replacement lumbar support orthotic is not medically necessary.