

Case Number:	CM13-0032540		
Date Assigned:	12/11/2013	Date of Injury:	05/23/2012
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery and is licensed to practice in Michigan, Nebraska and Texas. 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 46 year old male who reported an injury on 05/23/2012. The mechanism of injury was not submitted. The patient was diagnosed with post-laminectomy syndrome, lumbar radiculopathy, myositis/myalgia, opioid dependency, and status post right knee arthroscopy. The clinical documentation submitted for review states that the patient continued to complain of pain to the low back that radiated into the bilateral lower extremities, upper extremity pain in the right shoulder and lower extremity pain in the right knee. The patient rated his pain at 6/10 with medication and 10/10 without medication. The patient reported the pain increased with activity and walking. The patient reported that he was unable to sit or stand for more than 10 minutes at a time. The physical examination of the lumbar revealed no gross abnormality and tenderness was noted upon palpation in the spinal vertebral L4 through S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. the physical examination of the right knee revealed tenderness. The clinical documentation stated that the patient had extensive nonoperative treatment courses for a long period of time, including various modalities of therapy, anti-inflammatory medications, analgesics, and other types of medication treatments including a lumbar epidural injection which did not help alleviate the patient's symptoms. The patient had also undergone extensive pain management treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elevated support leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of pain to the low back that radiated into the bilateral lower extremities, upper extremity pain in the right shoulder and lower extremity pain in the right knee. CA MTUS/ACOEM recommends leg support for rest and immobilization for short periods of time after an acute injury to relieve symptoms. Guidelines also recommend leg support for functional bracing as a part of a rehabilitation program or prolonged bracing for ACL deficient knee. The clinical documentation submitted for review does not indicate that the patient had an acute injury, or an ACL deficient knee. Given the lack of documentation to support guideline criteria, the request is non-certified.

Back support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of back pain after extensive nonoperative treatments to alleviate pain. California MTUS/ACOEM does not recommend lumbar support. The guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient's reported injury was 05/2012 and is no longer in the acute phase. Given the lack of documentation to support guideline criteria, the request is non-certified.