MAXIMUS Federal Services

| Case Number: | CM13-0039214 | | |
|---|---|---|---|
| Date Assigned: | 12/18/2013 | Date of Injury: | 05/23/2012 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 09/20/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

## 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 Orthopedic Surgery 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 claimant is a 47-year-old gentleman who sustained an impact injury to the right lower extremity in a work related accident on May 23, 2012. The medical records provided for review included a September 19, 2013 operative report for right shoulder arthroscopy, subacromial decompression, rotator cuff repair and debridement. The progress report dated November 18, 2013 documented ongoing complaints of pain in the right knee for which a viscosupplementation injection was performed. The claimant was also being treated for bilateral hip pain, low back pain, wrist and hand sprain, stress, anxiety and depression. A prior report of July 9, 2013 by [redacted] documented recommendation for an elevated leg and back support for the claimant's working diagnoses.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ELEVATED LEG SUPPORT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg, Durable Medical Equipment.

**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, Durable Medical Equipment.

**Decision rationale:** Elevated leg support would be a lifestyle choice as an environmental modification. Given the claimant's chronic clinical presentation, there would be no current indication for use of a leg support given the claimant's clinical presentation available for review.

**BACK SUPPORT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 & 301.

**Decision rationale:** The California MTUS ACOEM Guidelines, the lumbar supports are not indicated for long term use with clinical literature only supporting their benefit over the acute active inflammatory setting. In light of the claimant's chronic clinical presentation, there would be no current indication for use of a lumbar support.