

Case Number:	CM13-0046146		
Date Assigned:	12/27/2013	Date of Injury:	08/26/2011
Decision Date:	02/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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:

This is a male patient with a date of injury of 8/26/11. A utilization review determination dated 10/17/13 recommends non-certification of a lumbar spine brace. A progress report dated 9/17/13 identifies subjective complaints including right hip pain, right and left knee pain, and moderate low back pain especially with flexion. The patient states that he must be wearing a back brace all of the time. Objective examination findings identify limited lumbar ROM with pain, positive Valsalva test and Kemp's test bilaterally. Diagnoses include s/p right knee total knee arthroplasty; right hip osteoarthritis; right knee osteoarthritis (moderate); lumbar disc disease. Treatment plan recommends physical therapy and a lumbar spine brace for stability and support.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DME purchase of a Lumbar Spine Brace: 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): 301.

Decision rationale: Regarding the request for 1 DME purchase of a lumbar spine brace, California MTUS cites that lumbar supports have not been shown to have any lasting benefit

beyond the acute phase of symptom relief. Within the documentation available for review, the patient is noted to be well beyond the acute phase of injury and there is no documentation of a clear rationale for the use of external bracing such as spinal instability, compression fracture, recent lumbar surgery, etc. In the absence of such documentation, the currently requested 1 DME purchase of a lumbar spine brace is not medically necessary.