

Case Number:	CM13-0066360		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2006
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 injured worker is a 62-year-old female who reported an injury on 05/03/2006. The mechanism of injury was not stated. Current diagnoses include lumbar discopathy with spondylolisthesis, carp metacarpal arthrosis of the right hand, right wrist tendonitis, bilateral epicondylitis, left knee internal derangement, left knee patella osteoarthritis, left knee medial meniscus tear, status post left knee arthroscopy, possible right shoulder tendonitis, and depression. The only physician progress report submitted for this review is documented on 01/24/2013. The injured worker reported ongoing lower back and left knee pain. Physical examination of the lumbar spine revealed mildly reduced range of motion, negative straight leg rising, and muscle spasm with palpation. Treatment recommendations at that time included continuation of current medication and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A KRONOS LUMBAR SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, the injured worker's physical examination only revealed mildly reduced range of motion. There was no documentation of significant instability. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary.