

Case Number:	CM14-0003809		
Date Assigned:	02/25/2014	Date of Injury:	06/22/2012
Decision Date:	06/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 59 year old male who reported an injury on 06/22/2012. The worker was injured when he jumped from a truck which resulted in twisting of the left hip and knee. Per the summary dated 12/09/2013 the injured worker underwent a left knee arthroscopy with partial meniscectomy on 11/05/2012. Per the clinical note dated 11/29/2013 the injured worker reportedly had tenderness over the medial and lateral joint line with positive McMurray's and Apley tests. There was no laxity of the anterior cruciate ligament. Range of motion to the left knee was decreased with flexion 90 degrees. Exam of the lumbar spine revealed tenderness over the lumbar muscles, muscle spasms and decreased range of motion. The injured worker had a positive straight leg raise and positive pump handle test. The diagnoses for the injured worker included disc disorder of the lumbar spine, lumbago, lumbar sprain, enthesopathy of the left hip, and chondromalacia patellae. The request for authorization for medical treatment was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACK BRACE- PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Lumbar Supports.

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

Decision rationale: ACOEM Guidelines state a corset for treatment is not recommended. Per the Official Disability Guidelines lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. The MRI of the low back did not reveal any serious abnormalities that would warrant the use of a back brace. The guidelines do not recommend back braces as a physical treatment method or as a preventative measure. There was no indication that the injured worker had significant instability of the spine. There was lack of documentation regarding other conservative treatments attempted for the injured worker such as physical therapy. Therefore the request for a back brace purchase is not medically necessary and appropriate.

KNEE BRACE- PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg.

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

Decision rationale: ACOEM notes functional bracing as part of a rehabilitation program and Prophylactic braces are not recommended. ACOEM also notes prophylactic braces and prolonged bracing for ACL deficient knee are not recommended. The documentation provided stated the injured worker had surgery to the left knee in November 2012 and attended physical therapy postoperatively. The documentation provided also stated the anterior cruciate ligament was not damaged. The guidelines do not recommend braces as part of a rehabilitation program. The requesting physician's rationale for the request was unclear. Therefore, the request for a knee brace purchase is not medically necessary and appropriate.