

Case Number:	CM14-0135790		
Date Assigned:	08/29/2014	Date of Injury:	01/16/2013
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/22/2014

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 Emergency 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 45-year-old male who reported an injury on 01/16/2013 while unloading a crate. The pallet jack came undone and the injured worker fell 5 feet onto the concrete while still carrying the crate weighing approximately 36 pounds, hitting his head with a loss of consciousness, crate went into the rib cage. The injured worker had a history of lower back pain, shoulder pain and rib cage pain. The injured worker's diagnoses included right shoulder arthropathy, rule out impingement, lumbar shoulder arthropathy, lumbar radiculopathy, cervical radiculopathy, and chronic headaches. An MRI of the lumbar spine was performed, followed by 4 lumbar epidural steroid injections that provided some relief. The MRI of the left knee and right shoulder dated 06/20/2013 followed by left knee surgery and right shoulder surgical repair on 08/20/2013. The past treatments included 20 sessions of physical therapy for the right shoulder and several sessions of physical therapy for the left knee, and medications. The physical examination of the lumbar spine dated 07/24/2014 revealed restricted range of motion with flexion limited at 50 degrees and extension limited at 10 degrees. The examination of the right shoulder revealed restricted movements with flexion of 170 degrees and abduction of 160 degrees. The neurological findings were positive for numbness, tingling and left lower extremity weakness and the peripheral vascular was positive for cramps. The medications included Hydrocodone/Acetaminophen 2.5/325 mg, Mentherm gel, Naproxen Sodium, and Senna. The treatment plan included ice, heat, exercise, and medication, possible Functional Restoration Program. The Request for Authorization dated 07/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase, Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Lumbar Support.

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

Decision rationale: The request for DME purchase, back brace is not medically necessary. The California MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The objective findings were vague and did not address the lumbar region. The guidelines indicate that lumbar supports do not have any lasting benefit beyond the acute phase of symptom relief. As such, the request is not medically necessary.