

<b>Case Number:</b>	CM14-0159652		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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:

This patient sustained an injury on 2/23/07. Requests under consideration include Lumbar Back Brace and Active Right Knee Brace with Night Wrap. Diagnoses include low back pain/lumbar facet pain; DDD; knee pain/chondromalacia of patellofemoral joint; medial lateral meniscus tear s/p knee arthroscopy with loose body removal, medial and lateral meniscectomy, chondroplasty of patellofemoral joint and medial and lateral femoral condyles on 10/2/12 and s/p left knee arthroscopy on 3/13/14; chronic pain syndrome and insomnia. Conservative care has included medications, therapy, TENS unit, injections, and modified activities/rest. Report of 9/11/14 from the PA provider noted the patient with ongoing chronic bilateral knee and low back pain rated at 2-4/10 with and 7-8/10 without medications. Medications for refill included Norco, Exalgo, Gabapentin, Lunesta, Lipitor, and Flexeril. Exam showed antalgic gait; right knee with tenderness at medial joint line and patellar tendon; positive crepitus; lumbar spine with intact sensation, 5/5 motor strength; DTRs 2+ with tenderness over paraspinals; positive SLR with increased pain on flexion and extension. Treatment included TENS unit, medications, and braces. The patient remained P&S. The requests for Lumbar Back Brace and Active Right Knee Brace with Night Wrap were non-certified on 9/22/14, with the utilization reviewer citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Back 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372

**Decision rationale:** There are no presented diagnoses of instability, compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic low back pain. Reports have not adequately demonstrated the medical indication for the LSO (back brace). Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for an LSO cannot be medically recommended. The California MTUS notes lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2007. In addition, ODG states that lumbar supports are not recommended for prevention; are under study for treatment of nonspecific LBP (lower back pain); and only recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request outside the guidelines recommendations and criteria. The Lumbar Back Brace is not medically necessary and appropriate.

**Active Right Knee Brace with Night Wrap:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

**Decision rationale:** Guidelines state this is a treatment option in conjunction with an active exercise program for a diagnosis of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe, acute, red-flag conditions or limitation in ADLs (activities of daily living) as a result of the patient's knee condition in order to support the need for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions: knee instability; ligament insufficiency/deficiency; reconstructed ligament; articular defect repair; avascular necrosis; meniscal cartilage repair; painful failed total knee arthroplasty; painful high tibial osteotomy; painful unicompartmental osteoarthritis; or tibial plateau fracture. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of

activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this active knee brace. The Active Right Knee Brace with Night Wrap is not medically necessary and appropriate.