

Case Number:	CM14-0169598		
Date Assigned:	10/17/2014	Date of Injury:	12/27/2013
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 67 year-old male who was injured on 12/27/13. The patient fell and fractured his right hip requiring surgery on 12/27/13. He was diagnosed with hip fracture status post repair, lumbar spine strain/sprain, radiculitis of the lower extremity, shoulder sprain/strain and labral tear, low back pain, hip pain, stress, anxiety, and sleep disorder. He complained of right hip pain and was using a wheelchair. On exam, he had a tender hip. No examination of the back was included. He started home physical therapy and was taking Norco. The current request is for a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As per the MTUS guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The patient has suffered a right hip fracture status post repair with continued pain. Lumbar pain was listed as a diagnosis but

there was no subjective or objective evidence of back injury requiring a back brace. The patient does not have documented musculoskeletal and neurological deficits that would benefit from a lumbar brace. Therefore, the request is considered medically unnecessary.