

<b>Case Number:</b>	CM14-0178283		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with a 6/24/14 date of injury. At the time (6/24/14) of the request for authorization for lumbar brace, knee brace, and TENS/EMS unit 12 month rental, there is documentation of subjective complaints are left knee and low back pain. Objective findings include moderate paraspinal tenderness L4-S1, decreased lumbar spine and left knee range of motion. The current diagnoses include sprain of unspecified site of knee and lumbar sprain. The treatment to date includes medication. Regarding lumbar brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding knee brace, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; abnormal limb contour (valgus [knock-kneed] limb, varus [bow-legged] limb, tibial varum, disproportionate thigh and calf (e.g., large thigh and small calf), or minimal muscle mass on which to suspend a brace); skin changes (Excessive redundant soft skin, thin skin with risk of breakdown (e.g., chronic steroid use); or severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment, or severe instability.

### 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Support

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. Official Disability Guidelines (ODG) identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of sprain of unspecified site of knee and lumbar sprain. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for lumbar brace is not medically necessary.

**Knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Knee Braces

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines (ODG) identifies documentation of abnormal limb contour (such as: valgus [knock-kneed] limb, varus [bow-legged] limb, tibial varum, disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); skin changes (such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or severe instability (as noted on physical examination of knee), as criteria necessary to support the medical necessity of knee braces. Within the medical information available for review, there is documentation of diagnoses of sprain of unspecified site of knee and lumbar sprain. In addition, there is documentation of conservative treatment. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability, abnormal limb contour (Valgus [knock-kneed] limb, varus [bow-legged] limb, tibial varum, disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); skin changes (Excessive redundant soft skin, thin skin with risk of breakdown (e.g., chronic steroid use), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment, or severe instability. Therefore, based on guidelines and a review of the evidence, the request for knee brace is not medically necessary.

**TENS/EMS unite 12 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator (TENS) Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS); Neuromuscular Electrical Stimulation Page(.

**Decision rationale:** Regarding TENS, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration evidence that other appropriate pain modalities have been tried (including medication) and failed. In addition, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Regarding EMS, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for TENS/EMS unit 12 month rental is not medically necessary.