

Case Number:	CM14-0020319		
Date Assigned:	04/25/2014	Date of Injury:	06/22/2012
Decision Date:	07/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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:

The claimant is a 59-year-old gentleman who sustained an injury to the left knee and low back in a work related accident on June 22, 2012. The records provided for review included the report of a February 6, 2013 lumbar MRI that identified multilevel degenerative changes with disc bulging at L3-4 and L4-5 with no indication of significant nerve root compression. The evaluation on December 20, 2013 noted complaints of low back pain with spasm and stiffness and continued left knee complaints. Physical examination of the left knee showed tenderness diffusely about the joint lines with no indication of laxity or instability, a positive McMurray's test and motion to 110 degrees. Examination of the low back revealed diminished range of motion at end points, tenderness to palpation and 4/5 strength to the left EHL. The recommendation was made for left knee arthroscopy and debridement. This request is for braces for the low back and the left knee.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9, 298, 301.

Decision rationale: ACOEM Guidelines do not support the use of a back brace in this case. The MRI report identified a degenerative process of the lumbar spine. The ACOEM Guidelines do not recommend the use of back braces because there is very little scientific evidence for their effectiveness beyond the acute phase of symptom relief. The claimant is approaching two years post injury and bracing is typically not recommended in the chronic setting. The specific request would not be supported. Therefore is not medically necessary.

KNEE BRACE-PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: ACOEM Guidelines do not support the use of a back brace in this case. The MRI report identified a degenerative process of the lumbar spine. The ACOEM Guidelines do not recommend the use of back braces because there is very little scientific evidence for their effectiveness beyond the acute phase of symptom relief. The claimant is approaching two years post injury and bracing is typically not recommended in the chronic setting. The specific request would not be supported. Therefore is not medically necessary.