

<b>Case Number:</b>	CM14-0033189		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 52 year old with an injury date on 3/5/11. The injured worker complains of pain in the head, pain in the left knee and pain in the right hip per 12/12/13 agreed medical evaluator (AME). According to 12/12/13 AME, the injured worker still has 60% to 80% of the pain and difficulties in the left knee. The injured worker complains of pain rated 8/10 but the pain over the past two years has fluctuated from 5 to 9 per 12/12/13 AME. The injured worker's pain increases with exercise and walking but patient currently is able to do leg lifts and exercises for 45 minutes several times a week at a gym per 12/12/13 AME. Based on the 1/18/14 progress report provided by [REDACTED] the diagnoses are chronic migraine; primary and postconcussive syndrome. Exam on 12/12/13 showed "no neurologic/motor deficits. Right hip within normal limits. Left knee, no swelling. Normal range of motion. Mild tenderness to palpation over left patella with 2+ crepitus. Mild medial joint line tenderness. Can do a knee bend without difficulty but further range is limited by left knee pain. Gait is normal. Able to heel/toe walk but did have a bit of trouble going up and down steps." [REDACTED] is requesting post-operative physical therapy two times a week for six weeks (2x6) left knee. The utilization review determination being reviewed is dated 3/3/14. [REDACTED] is the requesting provider and he provided treatment reports from 9/19/13 to 1/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME LSO Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Compensation(TWC); Integrated Treatment/Disability Duration Guidelines Low Back -Lumbar and Thoracic (Acute and Chronic (updated on 02//13/14) Fusion (spinal); ODG Integrated Treatment/Disability Duration Guidelines Low back-Lumbar and Thoracic (Acute and Chronic ) (updated 12/13/14) Back brace, post operative (fusion).

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Non-MTUS Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding lumbar supports: ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Lumbarsupports](http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports)).

**Decision rationale:** The injured worker presents with left knee pain, right hip pain, and headaches, and is status post left knee chondroplasty lateral release from 02/28/2012, and left knee chondroplasty with repair of cartilage defect with bio cartilage implant from 05/24/2013. The provider has asked for a DME LSO (lumbosacral orthosis) brace. ACOEM Guidelines, page 301 states "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of the ACOEM Guidelines also states "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines states "it is not recommended for prevention and for treatment." It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Given the lack of ACOEM and ODG Guidelines support for the use of lumbar bracing this request is not medically necessary.