

<b>Case Number:</b>	CM14-0037767		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/23/2001
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 is a 42-year-old male with a 7/23/01 date of injury. He injured his lower back when he was breaking cement with a jackhammer. The most recent report provided for review was an agreed medical evaluation report dated 6/7/10. The patient complained of continuous and severe neck pain with radiation to the upper extremities; continuous and severe pain to his upper to lower back with radiation to his buttocks, legs, and the bottom of both feet; stabbing pain of the lower back related to prolonged sitting; weakness, numbness, and tingling to both lower extremities. Objective findings: cervical spine tenderness and pain of the para-axial musculature, limited cervical spine ROM, tenderness and pain in the lumbar spine, muscle spasticity present in lumbar spine; intermittent radiculopathy into the left lower extremity, limited ROM of the lumbar spine. Diagnostic impression: mid thoracolumbar spine sprain/strain with degenerative disc disease, status post lumbar spine fusion with residual intermittent radiculopathy. Treatment to date: medication management, activity modification, acupuncture, lumbar spine fusion surgery, interferential unit, ESI, physical therapy, massage therapy. A UR decision dated 3/18/14 denied the request for 1 left OTS trainer brace (non neoprene). A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Left OTS Trainer Brace (Non Neoprene): 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, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

**Decision rationale:** CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. The most recent report provided for review was dated 6/7/10, over 4 years ago. It is not possible to determine the patient's current condition without a recent report from the provider. The patient's knee condition or rationale as to why this patient requires a knee brace is unknown. Therefore, the request for 1 Left OTS Trainer Brace (Non Neoprene) was not medically necessary.