

Case Number:	CM14-0043027		
Date Assigned:	06/30/2014	Date of Injury:	02/08/2013
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old female with a reported date of injury on 02/08/2013. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include left knee patella fracture, status post open reduction internal fixation with subsequent hardware removal, left knee pain, and lumbar pain. Her previous treatments were noted to include: surgery, medications, H-wave, and physical therapy. The progress note dated 03/09/2014 revealed the injured worker showed signs of depression and anxiety. She stated the pain levels in her body had increased tremendously. There was not a physical examination submitted with the medical records. The progress note dated 02/21/2014 revealed the injured worker complained of chronic knee pain, hip/groin pain, and low back pain. The low back pain was the worst, and it was felt that these originated from the postural and gait abnormalities from the left knee injury. The physical examination revealed full range of motion to the joints above and below, as compared to her contralateral side. The range of motion was much improved at 0 to 120 degrees or so, and her hip was irritable to flexion and internal rotation in the groin. The low back was generally tender to palpation and had spasms and a negative straight leg raise. Her gait had improved, but was still slow and deliberate, and when she sped up, she listed to one side. The request for authorization dated 03/05/2014 was for a Spinal Q Brace to help decrease pain from the secondary effects of her left knee to her left pelvis and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Q (Lumbar Support): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for a Spinal Q Lumbar Support is not medically necessary. The injured worker complained of chronic knee pain, hip/groin, and low back pain. The California MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The injury occurred in 02/2013, and she is now in the chronic phase of injury. The guidelines state "lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Therefore, the request is not medically necessary.