MAXIMUS Federal Services

Case Number:	CM14-0046025		
Date Assigned:	07/02/2014	Date of Injury:	01/30/2013
Decision Date:	08/20/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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:

A 42 year old female claimant sustained a work injury on 1/30/13 involving the neck, shoulder, knees and head. She was diagnosed with cervical strain, right shoulder strain, thoracic strain and left elbow strain. She has undergone physical therapy. An MRI of the cervical spine in 2013 was equivocal. An MRI of the lumbar spine and April 2013 showed minimal disc bulging, facet degenerative changes at L5, and mild foraminal narrowing. She has used oral analgesics for pain. And EMG showed no radiculopathy. A progress note on February 24, 2014 indicated the claimant had persistent 5/10 pain in the involved regions. Exam findings were notable for reduced range of motion in the cervical spine, reduced range of motion in the shoulders, joint line tenderness in the knees, decreased sensation in the left C4, C5, L5 and S1 dermatomes. The treating physician recommended an MRI of the neck, back and left shoulder as well oral analgesics. A month later a request was made for a Kronos lumbar support and a Pro Hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kronos Lumbar Support for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter, Lumbar supports.

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

Decision rationale: According to the ACOEM guidelines, Lumbar supports have not been shown to you have any lasting benefit beyond the acute phase of symptom relief. There are no progress reports indicating the reason for lumbar support use. Therefore the purchase of a Kronos lumbar support is not medically necessary.

Right Pro Hinged Knee Brace for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter and on the Blue Cross Blue Shield. Durable Medical Equipment Section-Functional Knee Braces. Policy No:46. Effective date: 09/07/2004.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, a knee brace is recommended for a short period of a mobilization after an acute injury. Prophylactic braces are not recommended. Functional bracing maybe used as a opition for a rehab program. In this case the injury was not acute. The progress notes did not support the need for a knee brace. Therefore the purchase of a Pro hinged knee brace is not medically necessary.