

Case Number:	CM15-0005294		
Date Assigned:	01/16/2015	Date of Injury:	02/23/2000
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 02/23/2000. He has reported subsequent neck, back, shoulder hip and bilateral lower extremity pain and was diagnosed with cervical facet arthrosis, lumbar discogenic disease, cervical discogenic disease, lumbar radiculopathy, left knee internal derangement and intractable pain. Treatment to date has included oral pain medication, application of heat and ice and physical therapy. In a progress note dated 10/02/2014, the physician reported that the injured worker was continuing to report low back, neck and left knee pain. The left knee was noted to give out at times. Objective examination findings were notable for spasm in the lumbar region, positive straight leg raise and decreased sensation bilaterally from L4-S1. Examination of the left knee was notable for tenderness to palpation at the joint line, positive Apley grind and patellofemoral crepitation. Requests were made for a lumbar spine corset and left knee brace. On 12/10/2014, Utilization Review non-certified a request for a lumbar spine corset and a left knee brace noting that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief and that there was a lack of clinical evidence suggesting that the injured worker had a diagnosis for which knee braces are generally used. ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine corset: 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 12 Low Back Complaints Page(s): 301, 308.

Decision rationale: The patient is a 47 year-old male with a 2/23/2000 date of injury. According to the 12/10/14 Utilization Review letter, the lumbar corset requested on the 11/20/14 medical report was denied because guidelines state they do not provide lasting benefits beyond the acute phase of care. The 11/20/14 report was not provided for this review. According to the 6/10/14 orthopedic evaluation, the patient slipped and fell on 2/23/00. He underwent left CTR in 2001, lumbar spine surgery in 2002. He had spinal cord stimulator implant, then removal after a few months due to malfunction. He was P&S by 2006, then in 2008 had lumbar hardware removed, and arthroscopic medial and lateral meniscectomy on 11/15/12, right CTR in 2012. The most recent report provided is a pain management report dated 11/12/14, which does not discuss the lumbar corset or knee brace. There is a 10/2/14 orthopedic report that requests the lumbar spine corset and left knee brace. MTUS/ACOEM, chapter 12, Low Back, page 301 states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. MTUS/ACOEM, chapter 12, Low Back, page 308, Table 12-8, Summary of Evidence and Recommendations: Corsets for treatment, Not Recommended. In occupational setting, corset for prevention-Optional. The available reports did not discuss the patients work status and there is no discussion of using the corset in an occupational setting for prevention. The patient has chronic back pain and MTUS/ACOEM does not recommend lumbar supports beyond the acute phase of care. The request for Lumbar spine corset IS NOT medically necessary.

Left knee brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Knee chapter , for Knee Braces

Decision rationale: The patient is a 47 year-old male with a 2/23/2000 date of injury. According to the 12/10/14 Utilization Review letter, the lumbar corset requested on the 11/20/14 medical report was denied because guidelines state they do not provide lasting benefits beyond the acute phase of care. The 11/20/14 report was not provided for this review. According to the 6/10/14 orthopedic evaluation, the patient slipped and fell on 2/23/00. He underwent left CTR in 2001, lumbar spine surgery in 2002. He had spinal cord stimulator implant, then removal after a few months due to malfunction. He was P&S by 2006, then in 2008 had lumbar hardware removed, and arthroscopic medial and lateral meniscectomy on 11/15/12, right CTR in 2012. The most recent report provided is a pain management report dated 11/12/14, which does not discuss the lumbar corset or knee brace. There is a 10/2/14 orthopedic report that requests the lumbar spine corset and left knee brace. ACOEM pg 338, table 13-3 Methods of Symptom control for knee

complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, Immobilizer only if needed Under Patellofemoral syndrome a knee sleeve is an option. MTUS/ACOEM did not specifically discuss knee braces for medial and lateral meniscectomy, so ODG guidelines were consulted. ODG-TWC guidelines, Knee chapter online, for Knee Braces, criteria for use of knee braces states a prefabricated knee brace may be appropriate for meniscal cartilage repair. The records show the patient has history of medial and lateral meniscectomy in 2012. The patient appears to meet the ODG criteria for a prefabricated knee brace. The request for a Left knee brace IS medically necessary.