

<b>Case Number:</b>	CM15-0100749		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/04/1999
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 58 year old female who sustained an industrial injury to her lower back and right ankle/foot when she fell off a curb while writing a parking ticket on 05/04/1999. The injured worker was diagnosed with right carpal tunnel syndrome, right ankle strain, right elbow tendonitis, bilateral knee degenerative joint disease and lumbar sprain/strain. Treatment to date includes diagnostic testing, multiple surgical procedures, physical therapy, foot drop brace, steroid injections to the right hand, ankle and knee, lumbar spine epidural steroid injection, psychological evaluation, Cognitive Behavioral Therapy (CBT), pain management, electro-acupuncture therapy and medications. The injured worker is status post 3 right knee surgical interventions including a right total knee arthroplasty in 2006, left knee surgery, right carpal tunnel release and right elbow surgery times 2. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience pain in the wrist, ankle and knees with a recent fall due to pain and unsteady gait. Examination demonstrated decreased range of motion of the lumbar spine with positive straight leg raise, motor strength 5-/5, negative Waddell's and deep tendon reflexes 2/2. The injured worker ambulates with a rolling walker with right foot drop present. Examination of the right hand/wrist, knee and ankle demonstrated tenderness to palpation with swelling, decreased range of motion, deep tendon reflexes 2/2 and motor strength 5-/5. Current medications are listed as Tramadol, Mobic, Flexeril, Neurontin and Ondansetron. Treatment plan consists of discontinuing Mobic and Flexeril due to ineffectiveness, continue with Tramadol and Neurontin and the current request for back brace.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment Back brace #01:** 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): 301.

**Decision rationale:** Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documents do not report an acute injury that may benefit from short term use of a lumbar support for symptom relief. The lumbar spine brace is being prescribed to improve support. The MTUS Guidelines do not indicate that the use of a lumbar spine brace would improve function. The request for durable medical equipment back brace #01 is determined to not be medically necessary.