

Case Number:	CM15-0141854		
Date Assigned:	07/31/2015	Date of Injury:	08/06/2010
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female who sustained an industrial injury on August 6, 2010 resulting in left knee and ankle pain, and, subsequently, low back pain. She is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc and status post left knee arthroscopy with meniscal repair. Treatment has included knee surgery and injections, as well as physical therapy, use of a TENS unit, and medication. The injured worker continues to present with pain in her back and left knee, and instability of her left lower extremity. The treating physician's plan of care includes a left ankle brace and lumbar back support. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace for left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot-Bracing (immobilization).

Decision rationale: A brace for the left ankle is not medically necessary per the MTUS Guidelines and the ODG. The MTUS does not support prolonged bracing or support without exercise. The ODG states that bracing is not recommended in the absence of a clearly unstable ankle joint. The documentation does not reveal evidence of instability therefore this request is not medically necessary.

Lumbar back support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9 and 298, 301.

Decision rationale: A lumbar back support is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations and therefore the request for lumbar support is not medically necessary.