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| Case Number: | CM15-0189216 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 02/27/2008 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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 59 year old male, who sustained an industrial-work injury on 2-27-08. He reported initial complaints of neck, shoulder, and back pain. The injured worker was diagnosed as having myofascial pain syndrome, cervical and lumbar spine strain, rotator cuff syndrome, lumbosacral radiculopathy, and lumbosacral facet syndrome. Treatment to date has included medication, shoulder surgery on 5-7-15, and physical therapy (2 sessions completed as of 7-15-15). Currently, the injured worker complains of neck and back pain with numbness in both legs. Medications included Naprosyn, Omeprazole, Flexeril, and Neurontin. Per the primary physician's progress report (PR-2) on 8-25-15, exam noted post- surgical tenderness in the right shoulder, decreased range of motion in the cervical spine and lumbar spine with numbness in both legs. Current plan of care includes braces for back and knees. The Request for Authorization requested service to include back brace and bilateral knee brace. The Utilization Review on 9-24-15 denied the request for back brace and bilateral knee brace, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Low Back Complaints 2004; Knee Complaints 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports.

Decision rationale: The current request is for a back brace. Treatment to date has included medication, injections, shoulder surgery on 05/07/15, medications and physical therapy. The patient is not working. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Guidelines, Low Back - Lumbar & Thoracic Acute & Chronic Chapter under Lumbar supports Section states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per report 08/25/15, the patient presents with continued neck, lower back and bilateral shoulder pain. The patient is taking medications with relief. Examination revealed tenders in the bilateral shoulder, decrease ROM of the cervical spine, bilateral shoulder and hips. Noted was a positive Tinel's in the bilateral wrist. The treater states "will request LS brace, B knee brace to decrease pain, increase ADLs, decrease meds." Report 07/13/15 discusses the patient's op operative state following the rotator cuff repair on 05/07/15. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request is not medically necessary.

Bilateral knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Knee Brace.

Decision rationale: The current request is for a bilateral knee brace. Treatment to date has included medication, injections, shoulder surgery on 05/07/15, medications and physical therapy. The patient is not working. ODG guidelines, Knee & Leg (Acute & Chronic) Chapter, under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau

fracture. Per report 08/25/15, the patient presents with continued neck, lower back and bilateral shoulder pain. The patient is taking medications with relief. Examination revealed tenderness in the bilateral shoulder, and decrease ROM of the cervical spine, bilateral shoulder and hips. Noted was a positive Tinel's in the bilateral wrist. The treater states "will request LS brace, B knee brace to decrease pain, increase ADLs, decrease meds." Report 07/13/15 discusses the patient's post- operative state following the rotator cuff repair on 05/07/15. There is no discussion regarding knee pain or instability to warrant a knee brace. The patient does not meet the indications set forth by ODG for the consideration of a knee brace. Therefore, the request is not medically necessary.