

Case Number:	CM15-0205402		
Date Assigned:	10/23/2015	Date of Injury:	07/09/2011
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male patient, who sustained an industrial-work injury on 7-9-11. The diagnoses include left shoulder impingement, right knee pain and lumbar disc disease. Per the appeal notes dated 10/6/2015, back brace and right knee brace are indicated because of the chronic nature of his injury. It should help with his ADLs, decrease his pain and decrease his medications use. Per the doctor's note dated 4-16-15, he had complaints of low back and left shoulder symptoms. He had complaints of tingling in the right leg, particularly the knee, especially when he attempts to walk. The physician indicates that these symptoms have not been worked up and he has not had a Magnetic Resonance Imaging (MRI) done. The medical records also indicate difficulty with activities of daily living (ADL) such as bathing and dressing due to the pain. Per the treating physician report dated 4-16-15, the patient has returned to work. The physical exam revealed stands stiff and walks with a normal gait, decreased lumbar range of motion, tender back and sciatic notch, the deep tendon reflexes asymmetric as follows with the right knee rated 1 and the left knee rated 2, 2 centimeters of atrophy in the right calf; decreased range of motion of the left shoulder with tenderness and positive Impingement signs. Per the UR dated 8/24/15, the medications list includes naprosyn, omeprazole, flexeril, neurontin and lidopro. He had Magnetic resonance imaging (MRI) of the lumbar spine dated 9-8-15, which revealed minimal levoscoliosis, mild bilateral facet arthropathy and otherwise unremarkable lumbar Magnetic Resonance Imaging (MRI). Treatment to date has included pain medication, anti-inflammatories with gastric symptoms, diagnostics, injections, physical therapy, chiropractic and other modalities. The requested services included lumbar spine brace and right knee brace.

The original Utilization review dated 9-24-15 non-certified the requests for lumbar spine brace and right knee brace as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods.

Decision rationale: Lumbar spine brace Per the ACOEM guidelines, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Per the cited guidelines, "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of a lumbar spine brace is not fully established for this patient. Therefore, the request is not medically necessary.

Right knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: Right knee brace Per the ACOEM guidelines, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of right knee brace is not established for this patient at this time. Therefore, the request is not medically necessary.