

Case Number:	CM15-0206801		
Date Assigned:	10/23/2015	Date of Injury:	05/30/2002
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
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: 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 52 year old male, who sustained an industrial injury on 5-30-02. The documentation on 3-5-15 noted that the injured worker has complaints of right knee pain rated as 9 out of 10 and left knee pain rated as 6 out of 10. The documentation noted that without medication activities of daily living were in jeopardy with frequent inability to adhere to recommended exercise regime without medication on board, due to pain, now maintained with medications. The documentation noted that with medications the injured worker has tolerance to activity and improved function at current dosing. There is tenderness left knee diffusely and range of motion lacks 5 degrees extension, flexion 85 degrees; tenderness right knee and lumbar spine and range of motion limited. Spasms of the lumboparaspinal musculature were decreased. Computerized tomography (CT) scan right knee demonstrates moderately severe osteoarthropathy, probable medial meniscus tear and loose body. The diagnoses have included moderately severe osteoarthropathy right knee; probable medial meniscus tear with loose body, right knee and status post remote left total knee arthroplasty. Treatment to date has included left total knee arthroplasty; Hydrocodone; Tramadol ER; Cyclobenzaprine and Pantoprazole. The original utilization review (9-25-15) non-certified the request for Quinn medical compression lumbar sacral orthosis with lateral supports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinn medical compression lumbar sacral orthosis with lateral supports: 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 chapter under Lumbar Supports.

Decision rationale: The patient presents on 03/05/15 with right knee pain rated 9/10, left knee pain rated 6/10. The patient's date of injury is 05/30/02. Patient is status post left knee arthroplasty at a date unspecified. The request is for Quinn medical compression lumbar sacral orthosis with lateral supports. The RFA was not provided. Physical examination dated 03/05/15 reveals diffuse tenderness to palpation of the left knee and tenderness to palpation of the lumbar spine with limited range of motion noted. The patient is currently prescribed Tramadol, Cyclobenzaprine, Norco, Naproxen, and Pantoprazole. Diagnostic imaging pertinent to this request was not provided. Patient's current work status is not provided. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 12, page 301 on lumbar bracing states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain... very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low-grade evidence for this treatment modality. This patient presents lower back pain without a history of surgical intervention; there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury, which would warrant a lumbar brace. Therefore, the request is not medically necessary.