

Case Number:	CM15-0028117		
Date Assigned:	02/20/2015	Date of Injury:	05/09/2009
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 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 51 year old female who sustained a work related slip and fall injury to her left knee and right shoulder on May 9, 2009. The injured worker underwent right shoulder rotator cuff repair in November 2013, left anterior cruciate ligament repair in 2009 and left knee meniscectomy in 2010. The injured worker was diagnosed with right shoulder impingement, internal derangement of the left knee with chondromalacia along the patella, discogenic multi-level lumbar disease and chronic pain syndrome. Electromyography (EMG)/Nerve Conduction Studies (NCS) performed in 2012 were noted to be within normal limits. According to the primary treating physician's progress report on November 5, 2014 the patient continues to experience weakness and tenderness along the rotator cuff, negative drop arm test, medially tenderness of the left knee with swelling. There is a positive Lachman's, positive anterior drawer test and weakness to resisted function. Current medications are listed as Norco, Trazadone, Tramadol ER and Flexeril. Current treatment modalities for the lower back were not noted. The treating physician requested authorization for Lumbar Back Support/Insert. On February 6, 2015 the Utilization Review denied certification for Lumbar Back Support/Insert. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Support Insert: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar Supports.

Decision rationale: The patient presents with left knee, neck, right shoulder, and low back pain. The current request is for a Back Support Insert. The treating physician states: She does complain of issues sleeping, stress, and depression. Patient is unable to lift arm more than 90 degrees. (C.19) There is no further discussion of the current request in the medical reports submitted and reviewed. The ODG guidelines state the following for lumbar supports, Not recommended for prevention. Recommended as an option for treatment. 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). In this case, the patient is not, according to the medical reports reviewed, being treated for any of the above mentioned conditions. The treating physician has not documented the reason for the patient needing the lumbar support. The current request is not medically necessary and the recommendation is for denial.