

Case Number:	CM15-0029416		
Date Assigned:	02/23/2015	Date of Injury:	08/26/2008
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 an unknown aged female, who sustained an industrial injury on 08/26/2008. The diagnoses have included status post revision right total knee arthroplasty and history of narcotic physiological tolerance. Noted treatments to date have included knee surgery and medications. No MRI report noted in received medical records. In a progress note dated 01/13/2015, the injured worker presented for a follow up on pain management. The treating physician reported scar of anterior right knee remains well healed and no significant swelling is noted. Utilization Review determination on 01/12/2015 non-certified the request for Quickdraw Back Brace for purchase and Cane for purchase citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quickdraw back brace Purchase Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines; Lumbar & Thoracic (Acute & Chronic), Chapter Back Braces/Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Lumbar Supports.

Decision rationale: The requested Quickdraw back brace Purchase Lumbar Spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM),2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The injured worker is s/p revision right total knee arthroplasty and history of narcotic physiological tolerance. The treating physician has documented reported scar of anterior right knee remains well healed and no significant swelling is noted. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Quickdraw back brace Purchase Lumbar Spine is not medically necessary.

Cane Purchase right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The requested Cane Purchase right knee is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Walking aids (canes, crutches, braces, orthoses, & walkers) recommend walking aids with documented knee instability or ambulatory impairment. The injured worker is s/p revision right total knee arthroplasty and history of narcotic physiological tolerance. The treating physician has documented reported scar of anterior right knee remains well healed and no significant swelling is noted. The treating physician has not documented the presence of the afore-mentioned criteria. The criteria noted above not having been met, Cane Purchase right knee is not medically necessary.