

<b>Case Number:</b>	CM15-0242092		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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: Florida

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 58 year old female with a date of injury of August 21, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for failed surgical syndrome of the lumbar spine, left knee degenerative joint disease, and lumbosacral radiculopathy of the left lower extremity. Medical records dated June 11, 2015 indicate that the injured worker complained of left knee and left shoulder pain. A progress note dated October 8, 2015 documented complaints of lumbar spine pain rated at a level of 8 out of 10 with radiation down the left lower extremity to the knee, and an exacerbation of left knee pain. Per the treating physician (October 8, 2015), the employee was temporarily totally disabled. The physical exam dated June 11, 2015 reveals full range of motion of the lumbar spine, trace reflexes at the knees, tenderness of the midline lumbar spine, tenderness of the left lumbar spine, and atrophy of the left thigh. The progress note dated October 8, 2015 documented a physical examination that showed use of a cane, an antalgic gait, favoring of the left lower extremity, and weakness in the pelvic girdle. Treatment has included spine surgery and medications (history of Gabapentin and Amitriptyline). The utilization review (November 13, 2015) non-certified a request for SLEEQ AP+ spinal compression brace, a left knee brace, and a loader knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SLEEQ AP+ Spinal Compression brace: 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), Online Edition, low Back Chapter.

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

**Decision rationale:** California MTUS guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient is well documented to have chronic pain. This request for a back brace is not medically necessary.

**Left 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:** MTUS guidelines state, "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. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Regarding this patient's case, there is no documentation that this patient will be stressing the knee under load. Likewise, this request is not medically necessary.

**Loader 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:** MTUS guidelines state, "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. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Regarding this patient's case, there is no documentation that this patient will be stressing the knee under load. Likewise, this request is not medically necessary.