

Case Number:	CM14-0105908		
Date Assigned:	07/30/2014	Date of Injury:	01/01/2008
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old male who reported an injury on 01/01/2008. The injured worker reported that while stepping out of his electric vehicle his right foot became caught in the cart causing him to fall back out of the cart. The injured worker has diagnoses of displacement of the lumbar disc, degenerative joint disease of the hip, and degenerative joint disease of the knee. Past medical treatment for the injured worker includes acupuncture, physical therapy, Orthovisc injections, and medication therapy. Diagnostics include x-rays and an MRI. The injured worker complained of left knee pain. He described it as constant, achy, and worse with activity. He rated his pain at 9/10. The injured worker also complained of back and right lower extremity pain. Physical examination dated 05/30/2014 revealed that the injured worker's lumbar spine had decreased painful range of motion, with flexion of 50%. The left knee also had decreased painful range of motion with crepitus. The submitted report lacked quantified physical findings and evidence of range of motion and motor strength on the injured worker's lumbar spine and left knee. The injured worker's medications include Norco 10/325 mg, Relafen 750 mg, Lyrica 75 mg, and Flexeril 10 mg. The progress note did not document the frequency, or the duration of the medications. The treatment plan for the injured worker is to proceed with a total left knee replacement, awaiting authorization for the rental of a DDS brace, and the continuing of the medications Norco, Relafen, Lyrica, and Flexeril. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

trial DDS brace rental for one month: 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, Low Back.

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 supports.

Decision rationale: The California MTUS/ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG guidelines recommend lumbar support braces as an option for compression fractures, specific treatment of spondylolisthesis, documented instability and for treatment of nonspecific LBP. Not recommended for prevention. As it is documented, the injured worker has a complaint of low back pain, but the submitted reports lack any evidence of compression fractures, spondylolisthesis, or instability. Furthermore, the submitted report lacked a rationale as to how the injured worker would benefit from the use of a lumbar brace. Given the above, it is not recommended by CA MTUS/ACOEM or by Official Disability Guidelines. As such, the request for a DDS brace rental for 1 month is not medically necessary.