MAXIMUS Federal Services

Case Number:	CM14-0162477		
Date Assigned:	10/07/2014	Date of Injury:	08/22/2004
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53-year-old with an injury date of 8/22/04. Patient complains of lumbar pain, bilateral knee pain, and bilateral ankle pain per 8/2/13 report. Patient had an MRI of the Lumbar spine showing disc bulge at L4-5 per 8/2/13 report, and is ambulating with a cane and with a weight unloading brace on the right knee per 8/2/13 report. Based on the 8/2/13 progress report by the requesting provider, the diagnoses are: internal derangement of the knee on the right, status post arthroscopy, with evidence of wear along the articular surface noted by MRI as well as X-ray; internal derangement of the knee on the left with MRI showing chondromalacia (right MRI is read on the left and the left MRI is read on the right); ankle arthritis on the right for which Hyalgan injection has been done; discogenic lumbar condition with radiculitis and with nerve studies showing peroneal neuropathy; element of weight loss (the patient has lost 28 pounds and now weighs 140 lbs.); element of depression, sleep, and anxiety. Exam on 8/2/13 showed "tenderness to palpation of knee on right with some valgus drift. Right shoulder range of motion limited, weakness to resisted function is noted. Tenderness to palpation along patella on the left, and along the ankle joint is noted." Patient's treatment history includes knee x-ray, TENS unit, and Hyalgan injection for right knee several years ago was effective. The treating physician is requesting purchase of a back brace for the low back. The utilization review determination being challenged is dated 9/10/14. The requesting provider submitted treatment reports from 8/2/13 to 8/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of back brace for the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com/index.html?odgtwc/low_back.htm#Backbracepostoperative

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, section on lumbar supports

Decision rationale: This patient presents with lower back pain, bilateral knee pain, and bilateral ankle pain. The treater has asked for purchase of back brace for the low back on 8/2/13. Regarding lumbar supports, ODG guidelines do not recommend them for prevention but allow them as an option for the treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the patient does not present with a compression fracture, instability, or any other back condition that is indicated per ODG guidelines for a back brace. The treater does not provide an explanation as to why a back brace would be necessary. ODG guidelines do not recommend back braces merely for preventive purposes. The requested low back brace purchase is not medically necessary for the patient's condition.