

Case Number:	CM14-0217124		
Date Assigned:	01/07/2015	Date of Injury:	03/05/2012
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Arizona, California

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 43 year old female who suffered a work related injury on 03/05/2012. Diagnoses include disc bulges L1-2 (< 2mm), L2-3 (<2mm), L3-4 (<3mm), L5-S1 (2mm), disc/osteophyte L4-5 (3mm), musculoligamentous sprain lumbar spine with right lower extremity radiculitis, internal derangement and chondromalacia bilateral knees, ligamentous and inversion injury of the right ankle. Status post arthroscopy and ACL reconstruction of the left knee (prior), status post arthroscopy of the right knee (prior), possible loose body, superior to the medial tear dome of the right ankle, and strain anterior talofibular ligament of the right ankle. Treatment has included medications, bilateral knee braces, and physical therapy. Magnetic Resonance Imaging of the lumbar spine done 10/22/2014 revealed above findings. A physician note done 11/12/2014 documents the injured worker has a sharp throbbing pain with weakness in the ankle. There is constant throbbing pain in the lower back. Her left knee has more pain than the right knee. There is sharp pain in in the left knee sporadically and there is giving out in the right knee. The injured worker resolves this issue by massaging and icing the knee. The request is for a Miami Lumbar Brace. Utilization Review done on 11/25/2014 non-certifies the request for Miami Lumbar Brace citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Low Back Chapter-Lumbar Supports, and Official Disability Guidelines-Back Brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miami lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to provided lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The majority of the symptoms were in the lower extremities. The use of a Miami back (lumbar) brace is not medically necessary.