

Case Number:	CM14-0053722		
Date Assigned:	07/07/2014	Date of Injury:	05/04/1999
Decision Date:	01/23/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine 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:

This is a 58 year old female with a work related low back and right ankle/foot injury dated 05/04/1999 after falling off a curb while writing a parking ticket according to the Utilization Review report. According to a primary physician's progress report dated 04/02/2014, the injured worker presented with complaints of her right leg buckling and increasing pain. According to other various medical records received, diagnoses included thoracic spine neuritis. Noted treatments have consisted of a knee support, epidural steroid injections, medications, and exercises. Diagnostic testing included an MRI of the lumbar spine dated 05/09/2011 which showed a 2mm annular bulge at the L3-4 level and a 3-4 mm disk bulge with herniation indenting the thecal sac at the L4-5 level. Work status is not noted in received medical records. On 04/11/2014, Utilization Review non-certified the request for Durable Medical Equipment Deluxe Back Support Purchase, Quantity: 1 and Durable Medical Equipment Custom Knee Brace Purchase for the right side, Quantity: 1 citing American College of Occupational and Environmental Medicine and Official Disability Guidelines. The Utilization Review physician stated that virtually all of the evidence based guidelines recommend against lumbar appliance braces, lumbar support braces, and lumbar corsets unless the injured worker is post-operative or suffers from an acute injury regarding the deluxe back support. In regards to the knee brace, according to the available medical records, the injured worker may benefit from a generic knee brace, however, she does not satisfy the guideline criteria for a custom knee brace. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Deluxe Back Support Purchase QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Pages: 301, 138,139. Decision based on Non-MTUS Citation Official Disability Guidelines text (ODG)- Low Back- Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As such, the request of a deluxe back support is not medically necessary.

Durable Medical Equipment Custom Knee Brace Purchase for the right side, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page: 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) text- Knee & Leg- Braces

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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. The request for the custom knee brace is not medically necessary.