

<b>Case Number:</b>	CM14-0086636		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 41 year old female who sustained an industrial injury on 03/15/2013. The worker was sitting on a footstool and when she stood up, her kneecap popped. The knee gave way when she stood up. She was diagnosed with knee sprain. The injured worker was later diagnosed as having tear of cartilage of meniscus of knee not elsewhere classified, and chronic pain syndrome, arthropathy not otherwise specified of the lower leg, sprains and strains of the lumbar region, and neuralgia, Neuritis and Radiculitis not otherwise specified. Treatment to date has included physical therapy and pain medications. A repeat MRI scan showed she had cruciate sprain. The worker walks with a knee brace. She did not find physical therapy helpful. The worker was also treated for back pain. Currently, the injured worker complains of pain directly in the kneecap underneath and along the medial retinaculum down. Her gait is antalgic; she has quadriceps atrophy and an extensor lag of at least 5 degrees. Flexion is 125 degrees. Her joint lines are nontender. The MCL (medial collateral ligament) is stable, and the LCL (lateral collateral ligament) is stable. She has a 2+ patella glide with clicking and slight apprehension. In the visit of 05/29/2014, she is seen for pain in the sacrum radiating down to the knees and hips on both sides. She reports her pain as 6/10, and has tenderness along the lumbosacral region. On 05/29/2014, the worker had her first acupuncture session. Her current medications include Hydrocodone-acetaminophen, Menthoderm gel, naproxen, pantoprazole, and lidocaine patches. A request for authorization is made for the following: Lumbar Support Brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Support 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): 138-139.

**Decision rationale:** The claimant sustains a work injury in March 2013 and was being treated for low back and bilateral hip and knee pain. When seen, pain was rated at 6/10. She was tolerating medications well. There was an antalgic gait. There was decreased and painful bilateral knee and lumbar spine range of motion. There was left knee joint line and patellar tenderness. There was lumbar paraspinal and spinous process tenderness with positive right straight leg raising. There was decreased left lower extremity strength and sensation. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was not medically necessary.